

Approved

Denied

Admin. Initials: _____

Professional Assistant (Student Aide) Request

Date of Request: _____ Teacher Name: _____

Student Name (First and Last): _____ Student Number: _____

What class will the student drop in order to become a professional assistant/student aide? : _____

Counselor Recommendation (Please Initial): _____ Yes _____ No

	1A	2A	3A	4A	1B	2B	3B	4B
Class Period being requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I would like a Professional Assistant for the following reason(s) (choose all that apply):

- As a peer mentor
- To assist with lab set up
- To serve as a mentor for this student
- Other: _____

I agree that this student will not have access to confidential information about other students including grades.

Teacher Signature _____ (signature required)

A limit of one unit of credit (1.0) for service as an aide can be earned during grades 9, 10, 11 or 12.

Approved

Denied

Principal's Initials: _____

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Date of Request: _____ Teacher Name: _____

Student Name (First and Last): _____ Student Number: _____

What class will the student drop in order to become a professional assistant/student aide? : _____

Counselor Recommendation (Please Initial): _____ Yes _____ No

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Class Period being requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Teacher Signature _____ (signature required)

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