

Westview Peer Counseling Mentor Program
Parent Permission Form

Welcome to the Westview Peer Mentor program! Peer Mentors provide support and guidance to other students through one-on-one relationships. We are here to help students who may need academic, social/emotional support, organizational help, or just a friendly face!

All of the mentors have been screened and trained by our Counseling staff. As a general rule, the Mentors will meet with the students during school hours. This program is completely voluntary, and there is no requirement that your student participates. Your student can withdraw from the program at any time.

If you would like your student to participate in the Peer Mentoring program, please complete the information section below and return the form to the program coordinator.

Thank you,

Christine Cudmore
Peer Mentor Program Coordinator
Westview HUB 2 Counselor
ccudmore@powayusd.com

STUDENT INFO

Student's Name _____ Grade _____

Student's Home Phone _____ Cell _____

Student's Email Address _____

Parent's Name (s) _____

Student will be available for mentoring at these times:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Before School | |
| <input type="checkbox"/> After School | Days Available: M T W Th F |
| <input type="checkbox"/> Wolverine Time | |
| <input type="checkbox"/> Lunch | Mentor Preference: Male Female Any |
| <input type="checkbox"/> Period _____ | |

Support Needed: Academic Organization Personal/Social Other: _____

I, the undersigned parent or legal guardian of the above student, consent and agree that the student may participate in the Peer Mentor program during the school year of 20____ to 20 ____.

Parent/Guardian Signature _____ Date _____

For office use

Mentor: _____ Date Assigned: _____ Sched Mtg: _____