

PUPILS ENROLLED PEER-TO-PEER PROGRAM COURSES

District:	School Year:
Building/Program:	Count: Oct. <input type="checkbox"/> Feb. <input type="checkbox"/>

Instructions: Complete the report below for all pupils enrolled in an approved Peer-to-Peer Program course.

	Pupil Name (Last, First, MI)	Grade (6-12 only)	Was the pupil's attendance verified?	LINKS Teacher Identified?	Is the course board approved?	Is there a course syllabus?	District certified LINKS teacher provided lesson plans and grading criteria?	District certified instructional objectives established?	Course Name	Certificated Teacher Name	FTE Membership Reported
			Y/N	Y/N	Y/N	Y/N	Y/N	Y/N			
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

I certify that this is a true and accurate list of all Peer-to-Peer Program pupils reported for FTE membership, that the teacher of record assessed and graded the pupils, and that all pupil requirements have been met for this program.

Authorized Representative's Signature

Title

Date