

6-B: PEER-TO-PEER ELECTIVE COURSE CREDIT PROGRAM PUPIL LIST

District		School Year	
Building - Program		Count Day	October
			February

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

Authorized Representative Signature Title Date

INSTRUCTIONS: Complete this form for all pupils enrolled in an approved Peer-to-Peer Program course.

Last Name	First Name	Grade (6-12 only)	Is the course board approved? Y/N	Are instructional objectives established by approved peer-to-peer support curricular content? Y/N	Was course syllabus provided to pupil? Y/N	Peer-to-Peer teacher provided lesson plans and grading criteria? Y/N	Was the pupil's attendance verified? Y/N	Teacher of record completed pupil assessment and grading? Y/N	Course Name	Certificated Teacher Name