Beginning Teacher Programs  
2012-2013 Peer Teacher Agreement

- This form must be completed each year for a Peer Teacher who is assigned to a new teacher.
- Peer teachers are required for first year teachers. Teachers new to Lee County with teaching experience may be assigned a Peer Teacher at the discretion of the administrator.
- The Peer Teacher position may be assigned for up to one (1) full school year or a total of ten (10) months. If the current assignment will cover less than a 10-month period, the Peer assignment may continue into the next school year for the remaining months. A new Peer Verification Form must be completed at the beginning of the next school year for the remaining months.
- Submit this form to CSDC immediately upon assignment of the Peer Teacher to initiate the supplement pay process.

### NEW TEACHER ASSIGNED TO PEER

- To be completed by the New Teacher. Please include all requested information.

<table>
<thead>
<tr>
<th>Professional Certificate – Years of Teaching Experience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporary Certificate – Date of Certificate Expiration:</td>
</tr>
</tbody>
</table>

New Teacher Name | Work Location

| EMPLID (DID) | New Teacher Signature | Date |

**PEER TEACHER** - To be completed by the Peer Teacher. Please include all requested information.

- I agree to serve as a Peer Teacher for the above-named teacher.
- I have **read** and **fully understand** my responsibilities as outlined in the Peer Teacher and DCP job descriptions.
- I verify that I have completed the 18-hour Clinical Educator Training – Date completed _________________

Peer Teacher Name | Work Location

| EMPLID (DID) | Peer Teacher Signature | Date |

**PRINCIPAL/DIRECTOR VERIFICATION** - To be completed by a Supervising Administrator Please include all requested information.

Please check below if you are requesting one of the following:
- Beginning Teacher (new to teaching or new to Lee County)
- Continuation of Peer Teacher from previous year
- Provide Peer Teacher to this new teacher for one (1) additional year

New Teacher Begin Date (MM/DD/YYYY) | Peer Teacher Assigned Date (MM/DD/YYYY)

| Administrator Name | Administrator Signature | Date |

**PEER ASSIGNMENT CANCELLATION** – To be completed as soon as possible by the Supervising Administrator if the Peer Teacher/New Teacher Relationship is Terminated Prior to the end of the School Year.

Reason for Termination of Peer Teacher/New Teacher Relationship
- New Teacher Transferred within District to ________ (name of District School) Date: ____________
- New Peer Assigned (Please submit a new Peer Teacher Agreement Form for the new Peer)
- New Teacher Ended Employment with District Date Employment Ended: ____________ Date Peer Assignment Ended: ____________
- Other (please explain) __________________________ Date Peer Assignment Ended: ____________

Administrator Name | Administrator Signature | Date |

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**Curriculum & Staff Development Center Use Only**

<table>
<thead>
<tr>
<th>Clinical Educator Training Confirmed</th>
<th>CSDC Staff Initials</th>
<th>Date Entered</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLES Teacher Entered into Profile Management</td>
<td>CSDC Staff Initials</td>
<td>Date Entered</td>
</tr>
<tr>
<td>Sent to Payroll Department</td>
<td>CSDC Staff Initials</td>
<td>Date Entered</td>
</tr>
</tbody>
</table>

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**Payroll Department Use Only**

___ 1st Year  ___ Returning

*Send originals to Curriculum and Staff Development Please retain a copy for your records*