



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.

- Professional Certificate – Years of Teaching Experience: _____
- Temporary Certificate – Date of Certificate Expiration: _____

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: _____
- Other (please explain) _____ Date Peer Assignment Ended: _____

Administrator Name

Administrator Signature

Date

Curriculum & Staff Development Center Use Only

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|--|---------------------------|--------------------|
| ___ Clinical Educator Training Confirmed | CSDC Staff Initials _____ | Date Entered _____ |
| ___ APPLES Teacher Entered into Profile Management | CSDC Staff Initials _____ | Date Entered _____ |
| ___ Sent to Payroll Department | CSDC Staff Initials _____ | Date Entered _____ |

Payroll Department Use Only

___ 1st Year

___ Returning