

PAR

Teachers Supporting Teachers

TO: Marsha Oh-Bilodeau, Coordinator-PAR Program **DATE:** _____

FROM: _____
Name of teacher (please print)

SUBJECT: **REQUEST TO VOLUNTEER FOR PAR SERVICES - COMPONENT 3**

This letter is notification of my voluntary request for the Peer Assistance portion of the PAR Program, as indicated by my signature below. As a voluntary participant in the Peer Assistance and Review Program and as a classroom teacher in the Los Angeles Unified School District, I understand the following terms and conditions will apply to my participation in this program:

1. I am entering this program on a strictly voluntary basis to be provided with assistance to enhance my performance as a classroom teacher.
2. My request for assistance shall be viewed as a demonstration of my desire to develop and grow as a professional educator.
3. All records and communications between me, the Peer Assistance and Review Consulting Teacher, and the PAR Panel shall be confidential.
4. Information will not be provided in regards to my participation in the program that will be used in conjunction with the formal evaluation process.
5. I may terminate my participation in this program at any time by providing the Peer Assistance and Review Panel with written notice.
6. Participation in this program shall not diminish nor infringe on any contractual or legislatively derived rights as a permanent classroom teacher as provided for in the Collective Bargaining Agreement, the Education and Government Codes, and other legally binding statutes that may apply to the employment relationship between me and the Los Angeles Unified School District.
7. Submission of this application does not constitute acceptance into the PAR Program. Volunteers are accepted based upon the availability of resources.

Self-Referred Teacher's Signature

Date

School

Employee Number

I can be contacted by:

Home Phone _____

Cell Phone _____

School Phone _____

E Mail (required) _____

Please provide as many options as you wish to apply.

Please complete and send attached Informal Self-Assessment Form with this request to:
Peer Assistance and Review
333. S. Beaudry Ave. 14th Floor
Los Angeles, CA 90017
FAX: 213 241-5498