**PEER HELPING APPLICATION**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNSELOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why do you want to participate in the Mentoring class?
2. Are you willing to move around a lot/exercise?
3. Have you had prior experience with Autism/ disabilities?
4. Are you able to stay on one task for a while even if it is not exciting for you?
5. What qualities do you have that would make you a good peer mentor?