



Partner Classes Application  
PE/Dance/Art  
Braswell High School

Name: \_\_\_\_\_ 16-17 Grade: \_\_\_\_\_ ID# \_\_\_\_\_

1. Why do you want to take a Partner class?

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2. What personal attributes would you bring to a Partner class?

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3. What experience do you have working with individuals with disabilities?

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4. What does Physical/Dance/Art education mean to you?

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5. What do you hope to gain from a Partner class?

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6. Please share something fun about yourself:

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Below list a teacher reference.

\_\_\_\_\_  
Teacher Name

\_\_\_\_\_  
Teacher Email Address

Approve    Not Approve

Instructor Signature: \_\_\_\_\_