



# Golden Valley High School

Wm. S. Hart Union High School District

*"Home of the Grizzlies"*



## *Circle of Friends – Changing Lives . . . One Friendship at a Time*

### **CIRCLE OF FRIENDS APPLICATION – PEER FRIEND**

Thank you for your interest in joining the Golden Valley High School chapter of Circle of Friends – The Path to Inclusion (CoF). Our mission is to provide inclusion for students with disabilities on our campus by establishing the understanding and acceptance of differences, building genuine friendships and decreasing bullying. Students with disabilities will be supported by established groups of peers without disabilities (a Circle of Friends), who will offer opportunities to develop friendships and positive relationships.

This application should be completed by any student who is interested in entering into a circle of friendship. Please complete the information below, get a parent signature, and return this form to the Circle of Friends' Advisor.

Day(s) available for lunch: M T W H F

Please Pair me with: \_\_\_\_\_

Name	Grade	Sex (M/F)	Date of Birth
Address (Please include street, city, state, and zip)	Phone Number		
	Email Address		

In case of emergency, please give the name and phone of the person who should be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Have you had any experience with people with developmental disabilities?

Yes       No

If yes, please provide a brief description of your experience:

Please list the other organizations that you will be involved in this year:

Please indicate here any General Education students you would like to form a group ('Circle') with (make sure your name is on their application in this section as well!):

Please check at least two methods of contacting you that you will check most often:

E-mail       Phone call/message       Text

I (name) \_\_\_\_\_ want to be matched in a friendship with a student in CoF and will do my best to become true friends. I agree to see my Friend for lunch on campus every week. I also agree to attend chapter meetings and activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PARENTAL CONSENT

Circle of Friends is an Inclusion Program based on creating friendships between students with and without disabilities.

\*\*\*\*\*

- I give permission for my child \_\_\_\_\_ to participate in Circle of Friends.
- I understand that my child will be matched with new friends, and will attend group activities during and possibly after school.
- I give permission for my child to be photographed and/or filmed at any Circle of Friends activity and I understand that any photograph or videotape may be used for Circle of Friends promotion.
- I give permission for social skills and disability-related information to be shared while in-servicing by the program advisor with students/supervising adults who will be connected with my child.

In consideration of the benefits and opportunities afforded to my child through participation in Circle of Friends, the undersigned parent/guardian agrees to the following:

1. I release Circle of Friends from any liability for any accident, injury, or illness suffered by my child at, during, or in connection with any Circle of Friends activity, except for any accident, injury, or illness which results from intentional misconduct by Circle of Friends or its staff.
2. We will look solely to our insurance for coverage and compensation for any claims, injuries, or damages that may be suffered or caused by my child arising out of or in connection with Circle of Friends activities.
3. I authorize Circle of Friends to obtain medical treatment for my child in the event of injury or illness in connection with a Circle of Friends activity and agree to pay any expense incurred for treatment.

Parent/Guardian Name (Please Print):	Signature of Parent/Guardian:	Date:
Student Name (Please Print):	Signature of Student:	Date:



## The Path to Inclusion

[www.circleoffriends.org](http://www.circleoffriends.org)



## Learn More About Circle of Friends

In 1999 Barbara Palilis, a Speech/Language Pathologist at Santa Monica High School, worked with students with developmental disabilities. While her objective was to improve social language skills, she observed that these skills were often not maintained outside the classroom. She also observed that her students with special needs sat at segregated special education tables at lunch, isolated from the rest of the students.

To address these problems, she created a program called “Circle of Friends” where students with autism and other disabilities were paired with general education students to eat lunch together. It established inclusion of her students and allowed them to practice social skills with trained non-disabled “peer friends” in the natural environment. Inclusion occurred, social skills improved, bullying decreased. The program achieved extraordinary success!

In 2005, Ms. Palilis and a group of supportive parents formed a nonprofit organization, under the fiscal sponsorship of Community Partners. The national Circle of Friends organization focuses on establishing the Circle of Friends program in other districts by training school personnel and student leaders. ***Currently, Circle of Friends has started chapters in 100 schools throughout California, Oregon, New Mexico, New Jersey and Connecticut, impacting more than 19,000 students.***

**To learn more about Circle of Friends and to receive quarterly online newsletters and other information about the exciting growth of this national organization, please complete the lines below and return to your school’s CoF Advisor:**

Parent/Guardian Name (Please Print):	Email Address
Signature of Parent/Guardian:	Date:

*Thank you for your interest and support of Circle of Friends!*