Dear Parents/Guardians,

We are excited to announce the continuation of our peer mentoring program, Safety Patrol, for ALL 4th-grade students in an effort to promote positive student leaders. Peer mentors will rotate throughout the school year to allow all students who have expressed interest to participate. Hillside’s Safety Patrol will serve between 8:20-8:30 AM at arrival for the *am session* and between 12:30-12:40 PM at arrival for the *pm session*. They will show leadership, in our front circle and in our hallways.

Students participating in this program will receive training from our school counselor, Ms. Juliann Snyder, on a variety of leadership skills. Students will learn about the basic principles of behavior that promote a positive school environment. Additionally, they will be taught that even one person can begin a ripple effect for positive community-building! Training will include the following:

- How to welcome and greet students
- Promoting a kind and inclusive environment
- Basic principles of responsibility
- Intentionally helping others and problem-solving strategies
- Empathy-building
- Teaching and reinforcing school-wide expectations in a positive way

If your child would like to participate in this leadership program, please complete/sign the attached form and return to your child’s teacher by Friday, October 23rd. Please note that you will be contacted with a date in which your child will begin participation in this program, as we will have multiple cycles of service. If you have any questions, please feel free to email or call Mrs. Snyder at 478-6276. Thank you so much for helping to make the peer mentoring program a success!

Warm regards,
Amy Cazes, Principal
John DeKams, Assistant Principal
Juliann Snyder, School Counselor
Peer Mentoring Safety Patrol Program: Consent Form

I, ______________________, give permission for my child ______________________
(Parent/Guardian) (Child’s name)
to participate in Hillside’s peer mentoring program for the 2020-2021 school year.

AM Session: (please check if applies)
☐

Mode of transportation in the am: __________________________

PM Session: (please check if applies)
☐

Mode of transportation in the pm: __________________________

** Please note it is important that we have mode of transportation and arrival and departure time to help organize this program.