Peer Network Orientation Meeting Meeting Checklist

(to be completed by the facilitator after the orientation meeting)

Student: ___________________________  Facilitator: ___________________________
Date: ___________________________  Total number of students at meeting: ________

Circle Y (yes) or N (no) based on whether the following occurred:

1. Y N  Was the student present?

2. Y N  Were all of the network members in attendance? List names of partners who were present.
________________________________________________________________________
________________________________________________________________________

3. Y N  Did the partners and student introduce themselves and participate in introductory activities appropriately (if student is mostly nonverbal, did I introduce him or her to the group and give non-confidential background information?)?

4. Y N  Did students talk about areas of shared interests? If so, what?
________________________________________________________________________

5. Y N  Did the group discuss the goals for the group? List any goals suggested by group members.
________________________________________________________________________
________________________________________________________________________

6. Y N  Did the group discuss ways to work toward the goals of the peer network?

7. Y N  Did I discuss the importance of confidentiality and respectful language with the group?

8. Y N  Did the group talk about when social interactions can occur?

9. Y N  Did I offer specific suggestions on ways to interact socially?

10. Y N  Did the group schedule regular meetings or discuss the date of the next meeting?

Comments: ________________________________________________________________
________________________________________________________________________