



6. Please respond to the following:

- a. How does your child typically communicate?
- b. Does your child ask questions?                      Yes                      No
- c. Is your child able to speak in clear sentences?      Yes                      No
- d. Does your child respond appropriately to yes and no questions?      Yes      No
- e. Do you have any speech and/or language concerns for your child?      Yes      No
- f. Has your child had the opportunity to interact with individuals with special needs?

Yes      No                      Please describe:

Please check the appropriate answer for the following questions.

	<b>Independently</b>	<b>With help</b>	<b>Not yet</b>
Uses the bathroom			
Washes and dries hands			
Puts on & takes off coat			
Drinks from an open lid cup			
Feeds self with utensils			
Waits patiently for your attention			
Follows simple directions			
Entertains self, at least 5 minutes			
Attends to story from a book			
Answers who, what, where questions			
Comments on things in their environment			
Waits for turn			
Initiates interactions with peers			
Shares with peers			

8. What would you like your child to gain by participating as a positive peer model?

Thank you for your interest in this class. You will be contacted if your child is selected for an assessment.

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**Please complete and return the application ASAP.**

Please complete the application and bring or mail to FSSD Central Office – Attention: Beth Farrar. When an application is received, a preschool teacher will contact parents to set up a time to interview the child. Once a child is determined eligible for the program, s/he will enter a “lottery” to be chosen for the program.

If you have questions, please contact Beth Farrar, Supervisor of Special Populations. 615/794-6624  
[farrareli@fssd.org](mailto:farrareli@fssd.org)

The program follows the 2018-19 FSSD calendar found on the FSSD website.

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

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**Completed by School Personnel**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Assessment Results: \_\_\_\_\_

Accepted into the program:                      YES                      NO

School Assignment: \_\_\_\_\_

Assessment team members: \_\_\_\_\_

\_\_\_\_\_