

Franklin Special School District
PRESCHOOL POSITIVE PEER MODEL APPLICATION

Child's Name: _____ Date Submitted: _____
Date of Birth: _____ Child's Age: _____ Male ___ Female ___
Parent(s)/Guardian(s): _____
Home Street Address: _____
Phone-Home: _____ Work: _____ Cell: _____
Email address: _____
Zoned Elementary School: _____

You may ONLY submit one application per school year.

Please answer the following questions to the best of your ability:

1. Has your child attended any other preschool program? Please describe:
2. Please describe your child's personality, temperament, and learning style.
3. Has your child had the opportunity to interact/play with other same age peers? YES NO
4. Please describe the setting(s) where your child has opportunities to interact with same age peers and how your child typically interacts:
5. Does your preschool child have siblings in FSSD? YES NO
If yes, which school(s) do they attend? _____
6. How does your child typically communicate?
7. Does your child ask questions? YES NO
8. Is your child able to speak in clear sentences? YES NO
9. Does your child respond appropriately to yes and no questions? YES NO
10. Do you have any speech and/or language concerns for your child? YES NO
11. Has your child had the opportunity to interact with individuals with special needs? YES NO

Please describe:

12. Please check the appropriate answer for the following questions.

	Independently	With help	Not yet
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			

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

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

Completed by School Personnel

Date Received: _____ Received By: _____

Assessment Results: _____

Accepted into the program: YES NO

School Assignment: _____

Assessment team members: _____
