

Peer Role Model Application

2016/17 School Year

Child's Name _____ Birthdate _____ Gender ___ M ___ F
Nickname _____ How would you like their name spelled? _____
Parent's Names _____ Person completing form _____
Siblings name and age _____
Address (including city, zip) _____
Home Phone _____ Work Phone _____ Cell _____
Email Address _____
What is the best time and place to contact you? _____
Has your child had any preschool experience? Yes _____ No _____
Where does you child spend time during the day (preschool, childcare,
etc)? _____

Please answer the following questions the best you can. This information is confidential and will help us with the screening process for you child. Please answer *Always, Sometime, or Never.*

Social Skills

1. My child has the opportunity to interact and play with other children their age. _____
2. My child plays cooperatively and is able to take turns with friends/peers. _____
3. My child is outgoing and uses their expressive language often to interact with others. _____
4. My child gets frustrated or cries easily. _____
5. My child enjoys having stories read to them. _____
6. My child enjoys music and movement activities. _____
7. My child enjoys playing simple games. _____
8. My child enjoys playing with same aged children. _____, older children _____, younger children _____, adults _____
9. Please describe any special interests your child has. _____

10. Please describe any fears your child may have. _____

Self Help Skills

1. My child is toilet trained. _____
2. My child can wash and dry their hands independently. _____
3. My child can put on their coat independently. _____
4. My child can zip their coat: independently _____ when zipper started _____.
5. My child can put on/off their shoes independently. _____

Fine Motor Skills

1. My child cuts with scissors. _____
2. My child completes interlocking puzzles. _____
3. My child uses crayons, paints, pencils/markers. _____
4. My child is beginning to print their name. _____
5. My child can draw a person with 3-5 body parts. _____

Speech and Language Skills

1. My child's speech is clear and easy to understand. _____
2. My child answers who, what, where, when, and why questions. _____
3. My child initiates interaction with others verbally. _____
4. My child communicates ideas and shares their thoughts, etc. _____
5. On average, my child uses _____ words per sentence (number of words).

School Readiness Skills

1. My child can count to _____.
2. My child can name 6-8 colors. _____
3. My child can name basic shapes. _____
4. My child is able to recognize and say their name. _____
5. My child can give personal information such as age, name, gender, etc. _____

Please explain why you feel your child would make a good peer role model in a class with same age peers that have disabilities.

What do you hope your child will gain from being in the Early Childhood Program?

Your child will be assigned to class, 4 days per week M-TH, depending on the overall needs of the program. Please sign and return this application by Monday, January 18th to Thorson School. You will be contacted to confirm your child's attendance in the screening. Thank you for your time and consideration of our program for your child.

Sincerely, The Early Childhood Staff