

**Franklin County Public Schools**  
**Department of Exceptional**  
**Children's Services**  
**215 South College Street Winchester, TN 37398**  
**(931) 962-3142**

**PRESCHOOL PEER MODEL APPLICATION**  
**(ECSE Early Childhood Special Education Program)**

**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:** \_\_\_\_\_

**Neighborhood Elementary School:** \_\_\_\_\_

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

1. Has your child ever applied to a preschool or childcare program?  Yes  No

a. If yes, when \_\_\_\_\_? What school? \_\_\_\_\_

b. Was your child accepted?  Yes  No

c. If yes, when did he/she attend? \_\_\_\_\_

2. Please describe your child's personality, temperament, and learning style.

\_\_\_\_\_  
\_\_\_\_\_

3. Has your child had the opportunity to interact and 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. 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

6. Has your child had the opportunity to interact with individuals with special needs?

Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

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

Skill	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			

8. Why would your child be a positive role model for ECSE Peer Model Preschool Program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. What would you like your child to gain by participating as a peer model in the ECSE Peer Model Preschool Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**You will be contacted if your child is selected to participate by July 23<sup>rd</sup>, 2021.**

I understand that I am required to provide transportation to and from preschool for my child every day of the Peer Model Preschool (M-Th). I understand that I must provide all necessary documentation for my child to be considered. I agree to comply with all regulations and policies of the Franklin County preschool programs. I understand that unacceptable attendance may be grounds for removal from the program.

\_\_\_\_\_  
**Parent/Legal Guardian Name (print)**

\_\_\_\_\_  
**Parent/Legal Guardian Signature                      date**

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***Completed by School Personnel***

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

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