



DEPARTMENT OF EXCEPTIONAL CHILDREN

5705 Stage Road • Bartlett, TN 38134 • (901) 202-0855 • Fax (901) 202-0854

APPLICATION FOR POSITIVE PEER MODEL INCLUSION IN
SPECIAL EDUCATION PRESCHOOL CLASSROOM
2020-2021

Child's full name: _____

Date of birth: _____ (must be 4 by August 15, 2020)

What does your child like to be called? _____

FAMILY:

Mother's name: _____ Father's name: _____

Street Address: _____ Street Address: _____

City/Zip: _____ City/Zip: _____

Where employed: _____ Where Employed: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Other children in the family:

Table with 2 columns: Name, School. Includes four rows of blank lines for entry.

Is this student related to a Bartlett City Schools Employee? [] Yes [] No

Employee's name: _____ Position: _____

Relationship to child: _____ Work location: _____

PRESCHOOL SITE PREFERENCE:

- 1. _____ 2. _____



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TRANSPORTATION:

To insure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child:

- | | |
|----------|---------------------|
| 1. _____ | Relationship: _____ |
| 2. _____ | Relationship: _____ |
| 3. _____ | Relationship: _____ |

EMERGENCY INFORMATION:

Person authorized to act for the parent in an emergency? _____

Address: _____ Home phone: _____

Work phone: _____ Cell phone: _____

Name of physician: _____ Office phone: _____

EATING HABITS:

Favorite Foods: _____

Disliked Foods: _____

Food Allergies: _____

SPEECH AND PHYSICAL GROWTH:

At what age did your child speak in complete sentences? _____

Crawl? _____

Walk? _____

Do others understand the English your child speaks easily? _____

Is your child on any medications? Yes No

If so, please list: _____

BEHAVIORAL:

Does your child have frequent temper tantrums? Yes No

How long do they last? _____

How often do they occur? _____

Can you tell what starts them? _____

If so, please give examples: _____

What helps him/her to calm down? _____

Would you describe your child as:

- Underactive
 Active
 Overactive

Give other information you think we should know about your child:

PRESCHOOL CHECKLIST

Please read each item and think about your child's current behavior. Place a check in the column that best fits your child's behavior. **THERE ARE NO RIGHT AND WRONG ANSWERS.** If your child is in daycare, please have your daycare provider fill out this form. If not, the parent should complete this form.

Completed by: _____ Date: _____

	Never	Sometimes	Very Often
1. Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Follows directions given by adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Participates in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Asks permission before using others' property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Responds appropriately when hit or pushed by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Controls temper in conflict with teachers/parent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Controls temper when arguing with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Follows rules when playing with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Shows interest in a variety of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Makes friends easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Puts toys away when asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Waits turn in games or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Joins group activities without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Communicates problems to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Speaks in an appropriate tone of voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Speech is easily understood by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Eats with a fork and spoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Indicates need to use the restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Uses the toilet independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	Never	Sometimes	Very Often
20. Uses toilet paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Washes hands after toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Pulls up garments after toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Easily adapts to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Easily accepts separation from caregiver/parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- I have read the Preschool Program Guidelines and understand I will be notified when openings occur. I understand this application does not guarantee a slot as a Positive Peer Model in the Bartlett City Schools Special Education Program.
- *Bartlett City Schools requires a tuition fee of \$500.00 per semester for positive peers. This fee will be used for educational resources. Tuition will be due prior to the start of each semester. ***Please initial here _____ (typed) to acknowledge that you have read and understand this statement.**

Signature (typed)

Date

For office use only:

Date application was received: _____

Screened: _____



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PRESCHOOL / DAYCARE TEACHER INPUT

If your child attends a preschool or daycare, please have this form completed by someone who works directly with your child. If your child does not attend a preschool or daycare, a parent or primary caretaker should complete this form. Return this with your referral packet.

Speech and Language Development

Student: _____ Preschool: _____

(Your observations and input concerning the above preschooler will help determine whether a speech or language difference adversely affects his/her participation in the preschool setting.)

How long has the student attended your facility? _____

Does he/she interact appropriately with children of the same age? [] Yes [] No

Please provide an example: _____

Is the child's speech difficult for you to understand? [] Yes [] No [] Sometimes

Explain/Comment: _____

Can you understand him/her even though there are speech errors? [] Yes [] No [] Sometimes

Explain/Comment: _____

If you don't understand some things the child say, does he/she get frustrated? [] Yes [] No

Example: _____

Has the child's speech and language improved since attending your facility? [] Yes [] No

How does the child make his/her needs known in the daycare / preschool setting?

- uses signs / gestures, screams or cries, gets desired items independently, uses short phrases, pulls or leads caregiver to desired items, shows pictures, uses single words, uses complete sentences

Please comment on anything that will help us better understand the child's communication skills:
