Franklin Special School District PRESCHOOL POSITIVE PEER MODEL APPLICATION-2019-2020 Children must be 4 years old by August 15, 2019

Child's Nan	ne:	Date Submitted: Or Female					
Date of Birt	h:	(Child's Ag	e:	Male	_ or Female_	·
Parent(s)/Gu	uardian(s):						
Home Stree	t Address:						
Phone-Hom	t Address: e:	Wor	k:		Cell: _		
Email addre	ess:						
Zoned Elem	nentary School:						
Preschool lo	nentary School: ocation of choice:	FES*	JES**	LES	MES		
Positive Pee accepted for school. Before Elementary-	consideration pric ore and/or after car	or to the dr e may be p 2559 or thi	rawing. The provided at rough the (ere will be t the paren Gentry's E	a limit of fo ts' expense ducational F	our peer role m by the FSSD N Foundation at J	rs must be assessed and nodels chosen for each MAC program at Franklin ohnson Elementary** mentary.
annually (\$1 depending o	1500) or monthly (on the family income the <i>Peer Role Mode</i>	\$300.00) a ne. Proof o	nt the begin of income i	ning of the s required	e semester o for these red	r month. A slic quests. Checks	ne fees may be paid biding fee scale will apply must be made out to re of Chuck Arnold or
Please answ	er the following qu	uestions to	the best of	f your abil	ity:		
1.	Has your child at	tended any	other pres	school pro	gram? Pleas	e describe	
2.	Please describe y	our child's	s personalit	ty, tempera	ament, and l	earning style.	
3.	Has your child ha	d the oppo	ortunity to	interact an	d play with	other same age	e peers?
		YES		NO			
4. to interact w	If you answered you					g(s) where you	ur child has opportunities
5.	Does your presch	ool child l	nave a sibli	ing or sibli	ngs in FSSI	O? YES	NO
	If yes, which	school(s) d	lo they atte	end?			

6.	Please	Please respond to the following:							
	a.	How does your child typica	lly communicate?						
	b.	Does your child ask questio	ns? Yes	No					
	c.	Is your child able to speak i	n clear sentences?	Yes	No				
	d.	Does your child respond app	propriately to yes and i	no questions?	Yes	No			
	e.	Do you have any speech an	d/or language concern	s for your child?	Yes	No			
	f.	Has your child had the oppo	ortunity to interact with	individuals with	special	needs?			
		Yes	No Please	describe:					

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			

8. What would you like your chi	ld to gain by participatin	ng as a positive peer model?	
Thank you for your interest in th	is class. You will be con	entacted if your child is selected for an assessment.	
**********	********	*********	
Pl	ease complete and ret	turn the application ASAP.	
application is received, a prescho	ool teacher will contact	SD Central Office – Attention: Beth Farrar. When an parents to set up a time to assess the child. Once a child i ottery" to be chosen for the program.	is
If you have questions, please cor	_	rvisor of Special Populations. 615/794-6624 i@fssd.org	
***Franklin Special School D	istrict Central Office,	, 507 New Highway 96 West, Franklin, TN 37064	
The program follows the 2019		and on the FSSD website, but the first day of preschool is Monday, August 19 th .	
	www.	.fssd.org	
*********	*******	*****************	
	Completed by	School Personnel	
Date Received:	Received By:		
Assessment Results:			
Accepted into the program:	YES	NO	
School Assignment:			
Assessment team members:			