

Franklin Special School District

PRESCHOOL POSITIVE PEER MODEL APPLICATION-2020-21

Children must be 4 years old by August 15, 2020

Child's Name: _____ Date Submitted: _____
Date of Birth: _____ Child's Age: _____ Male ___ or Female ___
Parent(s)/Guardian(s): _____
Home Street Address: _____
Phone-Home: _____ Work: _____ Cell: _____
Email address: _____
Zoned Elementary School: _____
Preschool location of choice: FES* JES** LES MES PGES

Admission to the Program

Positive Peer Role Models will be chosen by a "lottery" system on Friday, April 10, 2020. Peers must be screened and accepted for consideration prior to the drawing. There will be a limit of four peer role models chosen for each school. Before and/or after care may be provided at the parents' expense by the FSSD MAC program at Franklin Elementary-Annex* 615-591-2559 or through the Gentry's Educational Foundation at Johnson Elementary** 615-925-1033. No before or after care is provided for Moore Elementary, Liberty Elementary or Poplar Grove Elementary.

Fees

As of the 2019-20 school year, FSSD charges an annual fee of **\$3000** for each preschool peer role model. The fees may be paid in a lump sum or bi-annually (*\$1500 paid prior to the beginning of school in August and prior to the beginning of the 2nd semester in December*). A sliding scale payment option can apply depending on your family income.

If payments are not made using the above options, your child will not be able to attend the Preschool Positive Peer Role Model Program and will be unenrolled. Checks must be made out to FSSD, for *Peer Role Model Program* and sent to the FSSD Central Office in care of the Supervisor of Special Populations, Dr. Cheryl Robey. If you have any questions regarding these fees, please contact Dr. Cheryl Robey @ robeych@fssd.org.

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 and play with other same age peers?

YES NO

4. If you answered yes to Question 3, 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 a sibling or siblings in FSSD? YES NO

If yes, which school(s) do they attend?

6. 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

f. Has your child had the opportunity 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 child to gain by participating as a positive peer model?

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

**Please complete and return the application
ASAP.**

Please complete the application and bring or mail to FSSD Central Office – Attention: Dr. Cheryl Robey. When an application is received, a preschool teacher will contact parents to set up a time to interview the child. Once a child is determined eligible for the program, s/he will enter a “lottery” to be chosen for the program.

If you have questions, please contact Dr. Cheryl Robey, Supervisor of Special Populations @ 615/794-6624 or robeych@fssd.org.

The program follows the 2020-21 FSSD calendar found on the FSSD website.

www.fssd.org

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**Completed by School
Personnel**

Date Received: _____ Received By:

Assessment Results:

Accepted into the program: YES NO

School

Assignment: _____

Assessment team members: _____
