



Carmel Clay Schools Early Childhood Peer Program

Peer Application

Applicant Information

Child's Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

School Preference

First Choice: Cherry Tree Clay Center Forest Dale Smoky Row
Second Choice: Cherry Tree Clay Center Forest Dale Smoky Row
Third Choice: Cherry Tree Clay Center Forest Dale Smoky Row
Fourth Choice: Cherry Tree Clay Center Forest Dale Smoky Row

Family

Parent 1
Name: _____ Phone: _____
Email: _____ Age: _____ Occupation: _____

Parent 2
Name: _____ Phone: _____
Email: _____ Age: _____ Occupation: _____

Sibling Name: _____ Age: _____ School: _____
Sibling Name: _____ Age: _____ School: _____
Sibling Name: _____ Age: _____ School: _____
Sibling Name: _____ Age: _____ School: _____

Others living in the home: _____

General Information

General:

What is the primary language spoken in the home? _____

Are there other languages spoken in the home? Yes No Please list: _____

Please list any preschool or daycare settings your child has attended.

School

Dates

_____	_____
_____	_____
_____	_____
_____	_____

Please describe your child's personality _____

What jobs or chores does your child complete with minimal assistance? _____

Does your child enjoy school? Yes No

Describe your child's strengths at school? _____

Describe your child's weaknesses at school? _____

Do you or your child have any experiences with individuals with disabilities? Yes No

Please describe _____

Do you have concerns about your child's development or behavior? Yes No

What do you hope to gain from this experience? _____

Medical

Does your child have any medical diagnoses? Yes No Please describe _____

Does your child currently take any medication? Yes No Please list _____

Does your child currently have any food allergies? Yes No Please list _____

Do you have any concerns for your child's vision? Yes No Last vision check _____

Do you have any concerns for your child's hearing? Yes No Last hearing check _____

Speech/Language:

Does your child follow a 2-step direction? Yes No Give examples _____

Can your child sit quietly to listen to a story? Yes No For how long? _____

Can your child retell a story in their own words? Yes No Give examples _____

What kinds of questions will your child answer? Yes/No Makes choices from selection Open ended
Give examples _____

How much of your child's speech can you understand? _____

Sensory:

Is your child bothered by getting messy? Yes No

Is your child bothered by clothing textures or tags? Yes No

Is your child bothered by loud noises, unexpected noises or background noise? Yes No

Is your child bothered by smells? Yes No

Does your child eat a limited variety of foods? Yes No

Is your child restless or overly active? Yes No

Observations of play:

Please describe your child's favorite activities or toys. _____

Is your child willing to participate in non-preferred or adult directed activities? Yes No

Does your child change activities with ease? Yes No

How does your child learn a new activity?

Watching others Listening to an explanation Physical prompting

Fine Motor:

Can your child stack blocks? Yes No

How many? _____

Does your child copy vertical or horizontal lines? Yes No

When holding a writing utensil does your child use finger tips or whole hand? Finger tips Whole hand

Does your child snip paper with scissors? Yes No

Can your child complete an 8-piece inset puzzle? Yes No

Social Skills:

How does your child get along with peers socially? _____

Is your child willing to join a group of peers? Yes No

Does your child make new friends easily? Yes No

Gross Motor:

Can your child jump forward with both feet? Yes No

Can your child kick a ball? Yes No

Can your child walk up and down stairs with a handrail? Yes No

Can your child throw a ball forward? Yes No

Can your child run without difficulty? Yes No

Can your child safely access playground equipment? Yes No

Self-help:

Can your child drink from an open cup? Yes No

Can your child put on their own coat, with assistance from an adult with fasteners? Yes No

Is your child toilet trained? Yes No

Can your child wash his own hands with soap? Yes No

How does your child notify you when they need help? Yes No

Additional comments (optional): _____

Disclaimer and Signature

Please initial each line below:

_____ I understand that I am volunteering my child to participate in an optional program. Space in the peer program is limited. Students will be selected for the peer program following an application and screening process, based on the needs of the early childhood classroom.

_____ I understand this program may be discontinued due to special circumstances, including but not limited to, the need for virtual learning.

_____ I understand that participation in this program must be mutually agreeable, including agreement from the parent and the school. In the event that either party believes participation may no longer be a good fit, participation in the program may be reconsidered.

Signature: _____ Date: _____

Please return completed application via email, mail, fax or in person drop off to:

Lizz Fields, Early Childhood Coordinator
Educational Services Center
Carmel Clay Schools
5201 E. Main Street
Carmel, IN 46033

Email: LFields@ccs.k12.in.us

Fax: (317)571-4031