MSD Pike Township
Early Childhood Exceptional Learners
7839 New Augusta Road Indianapolis, IN 46268-2467
Phone: 317.387.7103 Fax: 317.387.7139
http://www.pike.k12.in.us

EARLY CHILDHOOD PEER FRIEND APPLICATION

Date Completed________________ email______________________________________

Person completing this form:________________________ Relation to Child being referred___________

General Information:
Child's Name____Gender____________
(First Middle Initial Last)

Birthdate____________________ _____Age_______ Ethnic_______________________

Address________________________________Home Phone____________________
(Street)

____
(City) (State) (Zip)

In case of emergency contact:____
(Name) (Phone)

Father's Name______________________________Age_________
Education____________________________Occupation_________________________________
Employer____________________________Phone (c)________________(w)________________

Mother's Name______________________________Age_________
Education____________________________Occupation_________________________________
Employer____________________________Phone (c)________________(w)________________

Names and Ages of Child's Brothers and Sisters:
1.___________________________________ 3.____________________________
2.___________________________________ 4.____________________________

Do any of your children have any special needs? If so, what?__________________________________
____

With whom does the child live? ____

Are there any languages other than English spoken in the home? ________________________________
If so, please specify ____

Where does your child spend most of his/her day? (home, daycare, activities)______________________

____

Name of Child's Primary Doctor ________________________________Phone #__________________

Speech/Language:

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

____

Can he/she listen to a story? ☐ Yes ☐ No For how long?___________________________

Can your child retell a story in his own words? ☐ Yes ☐ No In how much detail?_______

____

What kinds of questions will your child answer? Give examples:____________________________

____

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

Sensory:

Is your child bothered by getting messy?	☐ Yes	☐ No	☐ Not Sure
Is your child bothered by clothing textures or tags?	☐ Yes	☐ No	☐ Not Sure
Is your child bothered by loud or unexpected sounds?	☐ Yes	☐ No	☐ Not Sure
Is your child bothered by smells?	☐ Yes	☐ No	☐ Not Sure
Does your child eat a limited variety of foods?	☐ Yes	☐ No	☐ Not Sure
Is your child overly active?	☐ Yes	☐ No	☐ Not Sure

Self-help :

Does your child drink from an open cup?	☐ Yes	☐ No	☐ Not Sure
Does your child use a spoon at meals?	☐ Yes	☐ No	☐ Not Sure
Can your child undress self?	☐ Yes	☐ No	☐ Not Sure
Can your child put on clothes?	☐ Yes	☐ No	☐ Not Sure
Can your child put on shoes?	☐ Yes	☐ No	☐ Not Sure
Can your child pull pants up/down for toileting?	☐ Yes	☐ No	☐ Not Sure

Can your child wash own hands with soap? ☐ Yes ☐ No ☐ Not Sure

Fine Motor :

Does your child stack blocks? ☐ Yes ☐ No ☐ **How many?**

Does your child scribble on a picture? ☐ Yes ☐ No ☐ Not Sure

Does your child copy vertical and horizontal lines? ☐ Yes ☐ No ☐ Not Sure

Does your child snip paper with scissors? ☐ Yes ☐ No ☐ Not Sure

Can your child unscrew the lid of a jar? ☐ Yes ☐ No ☐ Not Sure

Can your child work a puzzle? ☐ Yes ☐ No ☐ Not Sure

Gross Motor:

Can your child jump forward with both feet? ☐ Yes ☐ No ☐ Not Sure

Can your child kick a ball? ☐ Yes ☐ No ☐ Not Sure

Can your child walk up and down stairs with a handrail? ☐ Yes ☐ No ☐ Not Sure

Can your child walk across a low balance beam? ☐ Yes ☐ No ☐ Not Sure

Can your child pedal a tricycle? ☐ Yes ☐ No ☐ Not Sure

Can your child throw a small ball forward? ☐ Yes ☐ No ☐ Not Sure

Can your child run without difficulty? ☐ Yes ☐ No ☐ Not Sure

Can he/she safely access outdoor playground equipment? ☐ Yes ☐ No ☐ Not Sure

Observations at Play:

How does your child learn a new activity? Does he/she learn by watching you or do they need your physical assistance?____

After learning an activity, does he/she need help to remember how to do it? ☐ Yes ☐ No ☐ Not Sure

Does your child use primarily one hand when eating, coloring, and throwing, or does he/she switch hands frequently? ☐ Right ☐ Left ☐ Switches

When your child holds toys, crayons, or utensils, does he/she use finger tips or the whole hand?

____

How long does your child sit and play? ____

What toys/activities does your child enjoy?____

What toys/activities does your child dislike?____

Behavior:
Does your child have any unusual fears or problems? ☐ Yes ☐ No
If so, please explain:____

Do you think your child is overly active and restless? ☐ Yes ☐ No

How would you describe your child's personality?____
____

What are some of your child's favorite activities? ____

Does your child change from one activity to another with ease? ☐ Yes ☐ No

Does your child demonstrate a short attention to desired activities? ☐ Yes ☐ No

What jobs or chores does your child actively participate in with minimal assistance?
(example: put socks away, making bed, setting table)
____
____
____

Education:
List Preschools/Day Cares attended:
1.____Dates:__________________________
2.____ Dates:__________________________

Does your child enjoy school? ☐ Yes ☐ No

Does your child do well in school? ☐ Yes ☐ No
If no, explain:____

What do you hope your child will gain from this experience?

(Please use the back of this page to add comments you feel would help us to know your child better.)

Time Preferences:

_____**Early Learning Center**
_____Morning 8:50-11:20
_____Afternoon 1:20-3:50