

Typical Developing Preschool Peer Program Application 2023-24

Please note: Applications will be available from April 1st through May 10th for the upcoming school year. Only children who reside in Blount County School District will be considered.

Child's Full Name _____

Age _____ Date of Birth _____

Parent or Guardian's Name _____

Address _____

Phone: _____ Email _____

Does your child have any medical conditions ___ YES ___ NO

If yes, please explain _____

What are your child's strengths? _____

What are your child's weaknesses? _____

Has your child ever received therapy?(such as Speech, Physical, Occupational) ___yes ___ no

Are you applying for 3 days or 5 days a week? _____

Is the applicant a relative of the Blount County School System? ___ yes ___ no

Employee Name _____ School _____

Assurance

I am interested in enrolling my child in the RISE preschool program as a typically developing peer to interact with preschool students with disabilities. If my child is accepted into the program, I accept the responsibility for transporting my child to and from school.

NOTE: YOUR CHILD MUST BE FULLY POTTY TRAINED TO BE CONSIDERED!

Parent signature _____ Date _____

Official Use Only: Date received _____ Staff signature _____

Developmental Profile

Child's Name _____

Mother's Name or Guardian _____

Address _____

Phone numbers _____, _____, _____

Email _____

Place of Employment _____

Father's Name or Guardian _____

Address _____

Phone numbers _____, _____, _____

Email _____

Place of Employment _____

Other children in family and ages _____

Social Development

Does your child like to be a helper? _____

Is your child shy or outgoing? _____

Is your child a leader or follower when playing in a group? _____

Does your child adjust well to new people or situations? _____

Is your child easily redirected? _____

Speech and physical development

Does your child speak in complete sentences? _____

Is your child's speech easily understood by all listeners? _____

What sounds does your child have difficulty producing? _____

Does your child walk, climb and move about all types of surfaces? _____

Can your child open and close containers? _____

Can your child button and unbutton pants/ coats? _____

Can your child copy lines, circles, or letters? _____

Child's name _____

Behavioral

Can your child attend to an activity independently for 4 or more minutes? _____

Does your child have temper tantrums? _____

How would you describe your child?

Underactive Active Overactive Extremely overactive

What discipline works best for your child? _____

What other information would you like to tell us about your child?

Has your child ever been asked to leave a daycare or preschool program? yes no

Please explain _____

Read each item and think about your child's present behavior. Please check all that apply.

Completed by _____

Never Sometimes Often

	Never	Sometimes	Often
Follows directions.			
Participates in organized group activities.			
Responds appropriately when hit or pushed by other children.			
Starts conversations with others.			
Controls temper in a conflict situation.			
Shows interest in a variety of things.			
Makes friends easily.			
Puts away toys when requested.			
Waits turn when playing games.			
Communicates problems to you.			
Eats with a fork and spoon.			
Uses toilet independently.			
Washes hands independently.			
Easily accepts separations from family.			

I understand this application does not guarantee my child to be accepted to the program.

Signature _____

Date _____