



Franklin Special School District

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David L. Snowden, PhD., Director of Schools • 507 New Highway 96 W • Franklin, TN 37064 • 615-794-6624 • 615-790-4716 • www.fssd.org

PRESCHOOL POSITIVE PEER MODEL APPLICATION-2024-25

Children must be 4 years old by August 15, 2024

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 must be screened and accepted for consideration prior to entering the program.

There will be a limit of five peer role models chosen for each class. Before and/or after care may be provided at the parents' expense by the FSSD MAC program. Parents must be full-time residents in the Franklin Special School District or be a FSSD employee as long as the child is enrolled in the Peer Model program or have written approval from the Director of Schools to remain in the program.

No before or after care is provided.

Fees

As of the 2024-25 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 is available upon request 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-

I, WH, NY

Washes and dries hands

I, WH, NY

Puts on & takes off coat

I, WH, NY

Drinks from an open lid cup

I, WH, NY

Feeds self with utensils

I, WH, NY

Waits patiently for your attention

I, WH, NY

Follows simple directions

I, WH, NY

Entertains self, at least 5
minutes I, WH, NY

Attends to story from a book

I, WH, NY

Answers who, what, where questions

I, WH, NY

Comments on things in their environment

I, WH, NY

Waits for turn

I, WH, NY

Initiates interactions with peers

I, WH, NY

Shares with peers

I, WH, NY

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 screen the child. Once a child is determined eligible for the program, the parent will be contacted regarding next steps for entry into the program. .

If you have questions, please contact Dr. Cheryl Robey, Supervisor of Special Populations or Ms. Joy Crunk Special Populations Administrative Assistant @ 615/794-6624. Feel free to contact either of us via email @ robeych@fssd.org or crunkjoy@fssd.org.

The program follows the 2024-25 FSSD calendar found on the FSSD website.

www.fssd.org

Completed by School Personnel

Date Received: _____ Received By: _____

Assessment Results: _____

Accepted into the program: YES NO

School Assignment: _____

Assessment team members: _____