

Adams-Wells Special Services Co-Operative

South Adams Preschool

Typical Peer Preschool Application*

Child's Name _____ Date Of Birth _____

Address _____ City _____

Home Phone _____ Email _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Child Lives With _____

Primary Language of Home _____

Primary Language of Child _____

Preferred Time: AM _____ PM _____

PLEASE COMPLETE THE CHECKLIST AND RETURN TO MRS
SELL.

*THIS IS A PRESCHOOL PROGRAM THAT SERVES STUDENTS
WITH SPECIAL NEEDS AS WELL AS TYPICAL PEERS.

Please check those statements below that accurately describe your child:

Motor:

- Can walk and run independently.
- Can stack blocks and string beads.
- Enjoys painting and drawing.
- Can catch and throw a ball.
- Puts simple puzzles together.
- Likes to use various types of writing utensils.
- Is able to draw simple recognizable pictures.

Self-Help:

- Has bladder and bowel control during the day.
- Dresses him/herself with some assistance:
 - Zips zippers.
 - Snaps snaps.
 - Buttons buttons.

Cognitive/Language:

- Enjoys looking at books.
- Enjoys listening to stories.
- Follows simple directions.
- Asks frequent questions.
- Speaks in sentences of:
 - 3-4 words in length
 - 4-5 words in length
 - 5-6 words in length.
- Participates in simple nursery rhymes or songs.
- Can point to and name pictures of common objects.
- Can answer simple questions about a story he/she has heard.
- Can name colors.
- Can count to _____.
- Child's speech can usually be understood by:
 - parents.
 - familiar adults.
 - unfamiliar adults.
- Can tell about a recent experience he/she has had.
- Can tell own name and age.
- Recognizes own name in print.
- Identifies circles, squares, triangles, and rectangles:
 - Points to when named.
 - Names independently.
- Can count _____ number of objects.
- Identifies eight body parts:
 - Points to when named.
 - Names independently.
- Tells simple stories.

Social-Emotional:

- Plays well with other children
- Is able to share, even though some prompting may be required.
- Plays simple group games.
- Can sit and listen to a story for five minutes.
- Handles frustration/disappointment without becoming aggressive.
- Usually complies with adult requests.
- Is able to play/work without constant supervision and help.
- Engages in "make believe" play.
- Adjusts to changes without difficulty.
- Sleeps well.
- Is willing to try things without becoming upset.
- Says "please" and "thank you" when appropriate.
- Uses words to express own feelings.
- Asks for adult help to handle conflict with another child.
- Prefers to be alone.

Describe past opportunities that your child has had to interact with other children his/her age:

List any medical problems/diagnoses (i.e., seizures, allergies, asthma, hearing or vision problems, etc.) _____

Please list any other information you feel we should know about your child: _____
