

SEYMOUR PUBLIC SCHOOLS DEPARTMENT OF PUPIL SERVICES

2 Botsford Road Seymour, CT 06483

(203) 888-7232

Kristopher Boyle, Ed.D.
Director of Pupil Services

Kristen DeLorenzo
Inclusion Facilitator

Preschool Peer Model Application

Child's Name: _____ Date of Birth: _____

Parent/Guardian Names(s): _____

Siblings(s): _____ Ages: _____

Home Address: _____

How long have you lived at this address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Brief Developmental History (Please answer the following questions with ages in months):

Age child sat up _____	Age child spoke first word _____
Age child crawled _____	Age child used 3 word sentence _____
Age child walked _____	Age child gave up pacifier _____
Age child gave up bottle _____	Age child became toilet trained _____

Circle Yes or No

Does your child attend another program?	Yes	No	If yes, where _____
Does your child separate easily from your parents?	Yes	No	
Does your child speak in full sentences?	Yes	No	
Is your child talkative and friendly with other children?	Yes	No	
Do all adults understand your child's speech?	Yes	No	
Does your child dress without help?	Yes	No	
Does your child use a pacifier?	Yes	No	

What are your expectations regarding the Preschool Peer Model Program for your child?

Why do you feel that your child would be a good candidate for inclusion in this program?

Please read and sign the agreement below:

If my (our) child is selected as a peer model in the preschool class, I (we) accept the responsibility of providing round trip transportation and participating in the regular home-school communication. I (we) agree to allow the preschool team to assign peer models to either the morning or afternoon session. I understand that assignments may change at any time during the year.

Parent/Guardian Signature

Date

Mail completed form to Kristen DeLorenzo at address above or email to kdelorenzo@seymourschools.org