



Washoe County School District
Child and Family Services Department

PRESCHOOL PEER MODEL APPLICATION
(WCSD Early Childhood Special Education Program)

***Please be aware, filling out this application does not guarantee enrollment in the Pre-K program.**

Child's Name: _____ **Date Submitted:** _____

Date of Birth: _____ **Child's Age:** _____ ☐ Male ☐ Female

Parent(s)/Guardian(s): _____

Home Street Address: _____

Phone-Home: _____ **Work:** _____ **Cell:** _____

Email address: _____

Neighborhood Elementary School: _____

You may ONLY submit one application per school year.

Please answer the following questions to the best of your ability:

1. Have you ever applied to the preschool peer model program for your child? ☐ Yes ☐ No
 - a. If yes, when _____? What school? _____
 - b. Was your child accepted? ☐ Yes ☐ No
 - c. If yes, when did he/she attend? _____ Where? _____
 - d. Does your child have any siblings? _____
 - e. Where do they attend school? _____
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. Please describe the setting(s) where your child has opportunities to interact with same age peers and how your child typically interacts: _____

5. 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
6. Why do you think your child would be a good peer model?
Please tell us their strengths.

7. Please check the appropriate answer for the following questions.

Skill	Independently	With Help	Not Yet
Uses the bathroom			
Washes and dries hands			
Puts on & takes off coat			
Drinks from an open lid cup			
Feeds self with utensils			
Waits patiently for your attention			
Follows simple directions			
Entertains self, at least 5 minutes			
Attends to story from a book			
Answers who, what, where questions			
Comments on things in their environment			
Waits for turn			
Initiates interactions with peers			
Shares with peers			

8. What would you like your child to gain by participating as a peer model in a WCSD Early Childhood Special Education Program? _____

You will be contacted by the school site if your child is selected to participate in a program.

Completed by School Personnel

Date Received: _____

Received By: _____