



Sumner County Board of Education

Del R. Phillips, Director of Schools
 Preschool Assessment
 695 East Main Street Gallatin, TN 37066-2472
 Phone: (615) 348-4404 Fax: (615) 264-8584

TYPICAL PEER APPLICATION			
CHILD'S FULL NAME:		DATE OF BIRTH:	
PREFERRED NAME:		CHILD'S GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FORM COMPLETED BY:		DATE COMPLETED:	
STREET ADDRESS:		CITY, STATE, ZIP:	
MOTHER'S NAME:		PHONE:	
		EMAIL:	
MOTHER'S ADDRESS	(IF DIFFERENT FROM CHILD)	PREFERRED WAY TO CONTACT:	CHECK ALL THAT APPLY <input type="checkbox"/> PHONE CALL <input type="checkbox"/> EMAIL
FATHER'S NAME:		PHONE:	
		EMAIL:	
FATHER'S ADDRESS	(IF DIFFERENT FROM CHILD)	PREFERRED WAY TO CONTACT:	CHECK ALL THAT APPLY <input type="checkbox"/> PHONE CALL <input type="checkbox"/> EMAIL
EMERGENCY CONTACT/ RELATIONSHIP:		PHONE :	
ARE PARENTS:	<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER _____		
WITH WHOM DOES THE CHILD LIVE?			
WHO HAS LEGAL CUSTODY OF THE CHILD?			
LIST SIBLINGS NAMES/AGES:			
IF CUSTODY IS WITH SOMEONE OTHER THAN THE PARENT(S), PLEASE PROVIDE A COPY OF THE CUSTODY PAPERS WHEN YOU RETURN THIS INTAKE PACKET.			

DO YOU HAVE A FAMILY MEMBER WHO IS A SUMNER COUNTY SCHOOLS EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, WHAT SCHOOL/DEPARTMENT?			
DOES YOUR CHILD HAVE A SIBLING WHO ATTENDS A SUMNER COUNTY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, WHAT SCHOOL AND GRADE?			
SCHOOL SITE PREFERENCE			
PLEASE CHECK OFF 2 SITE PREFERENCES:			
<input type="checkbox"/> BEECH ELEMENTARY <input type="checkbox"/> BENNY BILLS ELEMENTARY <input type="checkbox"/> BURRUS ELEMENTARY <input type="checkbox"/> GUILD ELEMENTARY <input type="checkbox"/> HB WILLIAMS ELEMENTARY <input type="checkbox"/> HOWARD ELEMENTARY <input type="checkbox"/> JW WISEMAN ELEMENTARY <input type="checkbox"/> LAKESIDE PARK ELEMENTARY <input type="checkbox"/> MADISON CREEK ELEMENTARY <input type="checkbox"/> NANNIE BERRY ELEMENTARY <input type="checkbox"/> PORTLAND GATEVIEW ELEMENTARY <input type="checkbox"/> STATION CAMP ELEMENTARY <input type="checkbox"/> VENA STUART ELEMENTARY			
SOCIAL/EMOTIONAL :			
CHECK ONE: <input type="checkbox"/> LEADER <input type="checkbox"/> FOLLOWER	CHECK ONE: <input type="checkbox"/> OBSERVER <input type="checkbox"/> INITIATOR	CHECK ONE: <input type="checkbox"/> OUTGOING <input type="checkbox"/> RESERVED	CHECK ONE <input type="checkbox"/> LOUD <input type="checkbox"/> QUIET
WITH NEW PEOPLE: <input type="checkbox"/> OUTGOING <input type="checkbox"/> SHY	SEPARATION <input type="checkbox"/> DIFFICULT <input type="checkbox"/> EASY	REDIRECTION FROM AN ADULT <input type="checkbox"/> DIFFICULT <input type="checkbox"/> EASY	FOLLOWING DIRECTIONS <input type="checkbox"/> FIRST TIME ASKED <input type="checkbox"/> NEED TO REPEAT
WAIT TIME <input type="checkbox"/> PATIENT <input type="checkbox"/> IMPATIENT	WHEN UPSET <input type="checkbox"/> NOT EASILY UPSET <input type="checkbox"/> SELF REGULATES <input type="checkbox"/> MELTDOWN	CHANGING ROUTINES <input type="checkbox"/> HARD TIME ADJUSTING TO CHANGES IN ROUTINE <input type="checkbox"/> GOES WITH THE FLOW WHEN ROUTINE CHANGES <input type="checkbox"/> NEEDS PREPARATION WHEN THERE IS A CHANGE	IF A CHILD DOES SOMETHING THAT UPSETS YOUR CHILD, HOW DOES YOUR CHILD REACT <input type="checkbox"/> PROBLEM SOLVES <input type="checkbox"/> TELLS ADULT <input type="checkbox"/> HITS CHILD <input type="checkbox"/> YELLS OR CRIES <input type="checkbox"/> MOVES ON FROM THE SITUATION
HOW DOES YOUR CHILD REACT WHEN HE/SHE HAS TO STOP A DESIRED ACTIVITY OR GIVE UP DESIRED ITEM?	HOW DOES YOUR CHILD CALM DOWN?		
DOES YOUR CHILD PREFER TO PLAY? <input type="checkbox"/> ALONE <input type="checkbox"/> IN A SMALL GROUP (2-3 CHILDREN) <input type="checkbox"/> IN A LARGE GROUP (4+ CHILDREN)	IF A NEW CHILD ASKS YOUR CHILD TO PLAY, HE/SHE... <input type="checkbox"/> IGNORES THE CHILD <input type="checkbox"/> GOES WITH THE CHILD <input type="checkbox"/> DEPENDS ON MY CHILD'S MOOD	DOES YOUR CHILD CLEAN UP HIS/HER TOYS AND BELONGINGS WHEN HE/SHE IS FINISHED PLAYING? <input type="checkbox"/> YES—INDEPENDENTLY <input type="checkbox"/> YES—WITH REMINDERS <input type="checkbox"/> NO—LEAVES THE AREA/ROOM	



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COMMUNICATION SKILLS			
INITIATES CONVERSATION WITH NEW ADULTS <input type="checkbox"/> YES <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NO		HOW MANY WORDS DOES YOUR CHILD USE? <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-75 <input type="checkbox"/> 75 +	
INITIATES CONVERSATION WITH NEW CHILDREN <input type="checkbox"/> YES <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NO			
SPEECH INTELLIGIBILITY? UNFAMILIAR LISTENERS CAN UNDERSTAND... <input type="checkbox"/> LESS THAN 50% (EX. YOU ARE ASKED, WHAT YOUR CHILD IS TRYING TO SAY MOST OF THE TIME, REGARDLESS IF CONTEXT IS KNOWN OR UNKNOWN?) <input type="checkbox"/> 50%-75% (EX. YOU ARE ASKED WHAT YOUR CHILD IS TRYING TO SAY SOME OF THE TIME, ESPECIALLY WHEN TOPIC IS UNKNOWN) <input type="checkbox"/> 75% OR GREATER (EX. YOU ARE RARELY ASKED WHAT YOUR CHILD IS SAYING REGARDLESS OF CONTEXT)		DOES YOUR CHILD MUMBLE WHEN EXCITED OR UPSET? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHEN YOUR CHILD TALKS, HIS/HER VOICE IS... <input type="checkbox"/> LOUD VOLUME <input type="checkbox"/> APPROPRIATE <input type="checkbox"/> SOFT-SPOKEN		DOES YOUR CHILD ASK OTHERS FOR HELP? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SOMETIMES	
IS YOUR CHILD AWARE OF THE DIFFERENCES OF OTHERS SPEECH/LANGUAGE OR LEARNING? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE		DOES YOUR CHILD ANSWER WH-QUESTIONS? <input type="checkbox"/> YES <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NO	
		CAN YOUR CHILD IDENTIFY HIS/HER OWN EMOTIONS? <input type="checkbox"/> YES <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NO	
INDEPENDENT SKILLS			
TOILET TRAINED <input type="checkbox"/> YES—COMPLETELY <input type="checkbox"/> YES—WEARS PULL UP WHEN ASLEEP <input type="checkbox"/> IN PROCESS	DRESSING SELF <input type="checkbox"/> YES—PUTS COAT ON/TAKES OFF <input type="checkbox"/> MAY NEED HELP <input type="checkbox"/> NO	INITIATES HELPING OTHERS <input type="checkbox"/> YES <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NO	WHEN WALKING WITH PARENT... <input type="checkbox"/> WALKS BESIDE INDEPENDENTLY <input type="checkbox"/> NEEDS HANDS HELD <input type="checkbox"/> BEGS TO BE CARRIED
WHAT ARE YOUR CHILD'S STRENGTHS?			
WHAT ACTIVITIES DOES YOUR CHILD ENJOY?			
HAS YOUR CHILD BEEN AROUND OTHERS WITH DISABILITIES OR DEVELOPMENTAL DELAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF SO PLEASE EXPLAIN?			

MEDICAL HISTORY:	
PLEASE LIST ANY SIGNIFICANT PAST OR PRESENT HEALTH PROBLEMS (ALLERGIES, SERIOUS INJURY, HIGH FEVER, SEIZURES, ASTHMA, FREQUENT EAR INFECTIONS, ETC.).	
PLEASE LIST ANY MEDICATIONS THAT YOUR CHILD TAKES ON A REGULAR BASIS:	
PRESCHOOL HISTORY:	
PROGRAM:	DATES ATTENDED:
PROGRAM:	DATES ATTENDED:
PROGRAM:	DATES ATTENDED:
HAS YOUR CHILD BEEN ASKED TO LEAVE A DAYCARE OR PRESCHOOL PROGRAM BECAUSE OF HIS/HER BEHAVIOR OR OTHER ISSUES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:	
AS A PARENT, WHAT ARE YOU WANTING YOUR CHILD TO GET FROM THIS PROGRAM?	

THANK YOU FOR YOUR INTEREST IN THE TYPICAL PEER PROGRAM. THIS APPLICATION DOES NOT GUARANTEE AN INVITE TO A CLASSROOM SCREENING. THE CLASSROOM SCREENING WILL TAKE PLACE IN MARCH/APRIL. YOUR CHILD MUST BE INVITED FOR A CLASSROOM SCREENING TO BE CONSIDERED AS A PEER IN THE 2018-2019 SCHOOL YEAR.

PARENT SIGNATURE _____ **DATE** _____

OFFICE USE ONLY:

DATE RECEIVED: _____

RECEIVED BY: _____