



# Sumner County Board of Education

Del R. Phillips, Director of Schools  
 Preschool Assessment  
 695 East Main Street Gallatin, TN 37066-2472  
 Phone: (615) 762-0519 Fax: (615) 451-6563

TYPICAL PEER APPLICATION SCHOOL YEAR 2021-2022			
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:	<b>CHECK ALL THAT APPLY</b> <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:	<b>CHECK ALL THAT APPLY</b> <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?  YES  NO

IF YES, WHAT SCHOOL/DEPARTMENT?

DOES YOUR CHILD HAVE A SIBLING WHO ATTENDS A SUMNER COUNTY SCHOOL?  YES  NO

IF YES, WHAT SCHOOL AND GRADE?

**SCHOOL SITE PREFERENCE**

PLEASE CHECK OFF 2 SITE PREFERENCES:

- BEECH ELEMENTARY     BENNY BILLS ELEMENTARY     BURRUS ELEMENTARY
- HB WILLIAMS ELEMENTARY     HOWARD ELEMENTARY     JW WISEMAN ELEMENTARY
- NANNIE BERRY ELEMENTARY     PORTLAND GATEVIEW ELEMENTARY
- STATION CAMP ELEMENTARY     VENA STUART ELEMENTARY

**SOCIAL/EMOTIONAL :**

<b>CHECK ONE:</b> <input type="checkbox"/> LEADER <input type="checkbox"/> FOLLOWER	<b>CHECK ONE:</b> <input type="checkbox"/> OBSERVER <input type="checkbox"/> INITIATOR	<b>CHECK ONE:</b> <input type="checkbox"/> OUTGOING <input type="checkbox"/> RESERVED	<b>CHECK ONE</b> <input type="checkbox"/> LOUD <input type="checkbox"/> QUIET
<b>WITH NEW PEOPLE:</b> <input type="checkbox"/> OUTGOING <input type="checkbox"/> SHY	<b>SEPARATION</b> <input type="checkbox"/> DIFFICULT <input type="checkbox"/> EASY	<b>REDIRECTION FROM AN ADULT</b> <input type="checkbox"/> DIFFICULT <input type="checkbox"/> EASY	<b>FOLLOWING DIRECTIONS</b> <input type="checkbox"/> FIRST TIME ASKED <input type="checkbox"/> NEED TO REPEAT
<b>WAIT TIME</b> <input type="checkbox"/> PATIENT <input type="checkbox"/> IMPATIENT	<b>WHEN UPSET</b> <input type="checkbox"/> NOT EASILY UPSET <input type="checkbox"/> SELF REGULATES <input type="checkbox"/> MELTDOWN	<b>CHANGING ROUTINES</b> <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	<b>IF A CHILD DOES SOMETHING THAT UPSETS YOUR CHILD, HOW DOES YOUR CHILD REACT</b> <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
<b>HOW DOES YOUR CHILD REACT WHEN HE/SHE HAS TO STOP A DESIRED ACTIVITY OR GIVE UP DESIRED ITEM?</b>	<b>HOW DOES YOUR CHILD CALM DOWN?</b>		



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<b>DOES YOUR CHILD PREFER TO PLAY?</b> <input type="checkbox"/> ALONE <input type="checkbox"/> IN A SMALL GROUP (2-3 CHILDREN) <input type="checkbox"/> IN A LARGE GROUP (4+ CHILDREN)	<b>IF A NEW CHILD ASKS YOUR CHILD TO PLAY, HE/SHE...</b> <input type="checkbox"/> IGNORES THE CHILD <input type="checkbox"/> GOES WITH THE CHILD <input type="checkbox"/> DEPENDS ON MY CHILD'S MOOD	<b>DOES YOUR CHILD CLEAN UP HIS/HER TOYS AND BELONGINGS WHEN HE/SHE IS FINISHED PLAYING?</b> <input type="checkbox"/> YES—INDEPENDENTLY <input type="checkbox"/> YES—WITH REMINDERS <input type="checkbox"/> NO—LEAVES THE AREA/ROOM
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**How does your child react when he/she has to stop a desired activity or give up a desired item?**

**How does your child calm down?**

## COMMUNICATION SKILLS

<b>INITIATES CONVERSATION WITH NEW ADULTS</b> <input type="checkbox"/> YES <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NO	<b>HOW MANY WORDS DOES YOUR CHILD USE?</b> <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-75 <input type="checkbox"/> 75 +
<b>INITIATES CONVERSATION WITH NEW CHILDREN</b> <input type="checkbox"/> YES <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NO	
<b>SPEECH INTELLIGIBILITY? UNFAMILIAR LISTENERS CAN UNDERSTAND...</b> <input type="checkbox"/> <b>LESS THAN 50%</b> (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"/> <b>50%-75%</b> (EX. YOU ARE ASKED WHAT YOUR CHILD IS TRYING TO SAY SOME OF THE TIME, ESPECIALLY WHEN TOPIC IS UNKNOWN) <input type="checkbox"/> <b>75% OR GREATER</b> (EX. YOU ARE RARELY ASKED WHAT YOUR CHILD IS SAYING REGARDLESS OF CONTEXT)	<b>DOES YOUR CHILD MUMBLE WHEN EXCITED OR UPSET?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>DOES YOUR CHILD ASK OTHERS FOR HELP?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SOMETIMES
<b>WHEN YOUR CHILD TALKS, HIS/HER VOICE IS...</b> <input type="checkbox"/> LOUD VOLUME <input type="checkbox"/> APPROPRIATE <input type="checkbox"/> SOFT-SPOKEN	<b>DOES YOUR CHILD ANSWER WH- QUESTIONS?</b> <input type="checkbox"/> YES <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NO
<b>IS YOUR CHILD AWARE OF THE DIFFERENCES OF OTHERS SPEECH/LANGUAGE OR LEARNING?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE	<b>CAN YOUR CHILD IDENTIFY HIS/HER OWN EMOTIONS?</b> <input type="checkbox"/> YES <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NO

Board of Education Members

Alice Bachman - Tim Brewer - David A. Brown - Patricia Brown - Jeff Cordell - Beth Cox - Andy Daniels - Dr. Nancy Glover - Glen Gregory - Tammy Hayes - Ted Wise

<b>INDEPENDENT SKILLS</b>			
<b>TOILET TRAINED</b> <input type="checkbox"/> YES—COMPLETELY <input type="checkbox"/> YES—WEARS PULL UP WHEN ASLEEP <input type="checkbox"/> IN PROCESS	<b>DRESSING SELF</b> <input type="checkbox"/> YES—PUTS COAT ON/TAKES OFF <input type="checkbox"/> MAY NEED HELP <input type="checkbox"/> NO	<b>INITIATES HELPING OTHERS</b> <input type="checkbox"/> YES <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NO	<b>WHEN WALKING WITH PARENT...</b> <input type="checkbox"/> WALKS BESIDE INDEPENDENTLY <input type="checkbox"/> NEEDS HANDS HELD <input type="checkbox"/> BEGS TO BE CARRIED
<b>WHAT ARE YOUR CHILD'S STRENGTHS?</b>			
<b>WHAT ACTIVITIES DOES YOUR CHILD ENJOY?</b>			
<b>HAS YOUR CHILD BEEN AROUND OTHERS WITH DISABILITIES OR DEVELOPMENTAL DELAYS?</b> <span style="float: right;"><input type="checkbox"/></span> YES <input type="checkbox"/> NO  <b>IF SO PLEASE EXPLAIN?</b>			

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



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**THANK YOU FOR YOUR INTEREST IN THE TYPICAL PEER PROGRAM. THIS APPLICATION DOES NOT GUARANTEE A SPOT IN A CLASSROOM.**

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**OFFICE USE ONLY:**

**DATE RECEIVED:** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_

*Board of Education Members*

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