



Washoe County School District
Child and Family Services Department

PRESCHOOL PEER MODEL APPLICATION
(WCSD Early Childhood Special Education 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 this child? [] Yes [] No

a. If yes, when _____? What school? _____

b. Was your child accepted? [] Yes [] No

c. If yes, when did he/she attend? _____

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. Do you think your child would be a good peer model?

[] Yes [] No

If yes, 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. Why would your child be a positive peer model for a WCSD Early Childhood Special Education Program?

9. 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: _____