

SEYMOUR PUBLIC SCHOOLS DEPARTMENT OF PUPIL SERVICES

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Peer Model Application

Child's Name: Date of Birth:
Parent/Guardian Name(s):
Sibling(s): Age(s):
Home Address:
How long have you lived at this address?
Home Phone: Cell Phone: Work Phone:

Brief Developmental History

Please answer age in months.

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

Circle Yes or No

- 1. Does your child attend nursery school? Yes No If yes, where
2. Does your child separate easily from parents? Yes No
3. Does your child speak in full sentences? Yes No
4. Is your child talkative and friendly with other children? Yes No
5. Do all adults understand your child's speech? Yes No
6. Does your child dress without help? (zippers, buttons) Yes No
7. 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 Preschool 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