



Northampton County Public Schools
7207 Young Street Machipongo VA 23405
EARLY CHILDHOOD PEER MODEL APPLICATION
(Early Childhood Special Education Program)

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

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

Neighborhood Elementary School: _____

Parent 1 Name		Parent 2 Name	
Address		Address	
Phone	Home: Cell:	Phone	Home: Cell:
Email		Email	

Child Lives With	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparents or Guardian
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What language is spoken at home?	
What language does the child speak at home?	
Has your child had DayCare, PreSchool or Head Start experience?	<input type="checkbox"/> Yes If Yes, where: _____ <input type="checkbox"/> No
Has your child had the opportunity to interact with individuals with special needs?	<input type="checkbox"/> Yes If Yes, describe: <input type="checkbox"/> No
Has your child met all developmental milestones?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:
Is your child toilet trained?	<input type="checkbox"/> Yes If Yes, Age Trained _____ <input type="checkbox"/> No

Please check any words or characteristics that apply to your child:

• Affectionate	• Difficult to handle	• Easily frustrated
• Calms easily	• Shy or fearful	• Happy
• Moody/Sad	• Very active	• Quick tempered
• Learns quickly	• Distractible	• Curious
• Seeks out other children for play	• Likes to be alone in quiet play	• Seeks help when needed
• Plays well with other children	• Likes to sit and listen to a story	• Can stay focused on a project

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			
Separates easily from parents or caregivers			
Shares with peers			

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

1. Why would your child be a positive role model for SCPS Early Childhood Special Education Program?

2. What would you like your child to gain by participating as a peer model in the SCPS Early Childhood Special Education Program?

3. Do you have any questions or concerns about your child's development?

Please email your completed application to either: awalmsley@ncpsk12.com or aetheridge@ncpsk12.com or mail to the address on the top of the application. Applications can also be faxed to 757-299-7189.

You will be contacted if your child is selected to participate in a classroom visit/trial day observation.