



Early Childhood Special Education (ECSE)

Peer Model Application Part I-- Parent Information

If your student is selected then you will also be asked to complete a standard Idaho Falls School District #91 Registration Packet.

<p>Are you or do you have a family member who is an Idaho Falls School District #91 employee?</p> <p><input type="checkbox"/> Yes: (Employee Name: _____ Work Location: _____)</p> <p><input type="checkbox"/> No</p>
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<p>ECSE Classroom Site Preference:</p> <p><input type="checkbox"/> Temple View Elementary</p> <p><input type="checkbox"/> Hawthorne Elementary</p> <p><input type="checkbox"/> Dora Erickson Elementary</p>	<p>Our Neighborhood School is:</p> <p>_____</p>
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<p>Preschool Session preference (Student must be age 3 turning 4 years old)</p> <p><input type="checkbox"/> Session A (Wednesday/Friday) 11:20 a.m. to 2:00 p.m.</p> <p><input type="checkbox"/> Session B (Tuesday/ Thursday) 11:20 a.m. to 2:00 p.m.</p>

<p>Prekindergarten Session preference (Student must be age 4 turning 5 years old and kindergarten eligible the Fall of the following school year)</p> <p><input type="checkbox"/> Session A: Monday/Friday 8:00 a.m. to 10:40 a.m.</p> <p><input type="checkbox"/> Session B: Tuesday/ Thursday 8:00 a.m. to 10:40 a.m.</p>
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Please note that, although parent preferences above will be considered, peer model placement is based on program needs and determined by the ECSE team.

<p>My child initiates conversation with new adults and children:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Sometimes when prompted</p> <p><input type="checkbox"/> No</p>	<p>My child asks for help:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Sometimes when prompted</p> <p><input type="checkbox"/> No</p>
<p>When your child talks, his/her voice is:</p> <p><input type="checkbox"/> Loud Volume</p> <p><input type="checkbox"/> Appropriate for situation or with reminders</p> <p><input type="checkbox"/> Soft spoken</p>	<p>My child can identify his/her emotions:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Sometimes with help</p> <p><input type="checkbox"/> No</p>
<p>My child can follow:</p> <p><input type="checkbox"/> 1 step direction to complete a task</p> <p><input type="checkbox"/> 2 step directions to complete tasks</p> <p><input type="checkbox"/> Complex 3+ verbal directions</p>	<p>My child takes redirection from an adult when misbehaving:</p> <p><input type="checkbox"/> Easily</p> <p><input type="checkbox"/> With a stern reminder</p> <p><input type="checkbox"/> Only with threat of consequences</p>

<p>My child is:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always a Leader <input type="checkbox"/> Leader at times <input type="checkbox"/> Follower at times <input type="checkbox"/> A follower only when unsure of themselves. 	<p>When asked to wait, my child:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is patient <input type="checkbox"/> Gets agitated <input type="checkbox"/> Can't wait and moves on to something else 	<p>My child:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is not easily upset <input type="checkbox"/> Gets upset, but can calm self quickly <input type="checkbox"/> Melts down regularly
<p>My child separates from me:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Usually Immediately <input type="checkbox"/> With only a short time of crying/upset less than 15 min <input type="checkbox"/> With more than 30 minutes of crying and being upset 	<p>When walking with a parent, my child:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Walks besides them independently <input type="checkbox"/> Needs hand held <input type="checkbox"/> Begs to be carried <input type="checkbox"/> May run away and have to be chased 	<p>When there is a routine change, my child:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Goes with the flow <input type="checkbox"/> Needs preparation and warnings of the change, but is ok. <input type="checkbox"/> Has a hard time adjusting
<p>My child:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Can take on and off own coat and shoes independently <input type="checkbox"/> May need some help <input type="checkbox"/> Does not attempt to dress self 	<p>My child:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is toilet trained completely <input type="checkbox"/> Wears pull up when asleep <input type="checkbox"/> Still in pull ups because of daily accidents 	<p>Does your child prefer to play:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alone <input type="checkbox"/> In a small group (2-3 children) <input type="checkbox"/> In a large group (4+ children)
<p>If another child does something that upsets your child, how does your child react?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tries to Problem Solve <input type="checkbox"/> Tells Adult <input type="checkbox"/> Moves away from the situation and the child <input type="checkbox"/> Hits child <input type="checkbox"/> Yells or Cries 	<p>Does your child clean up his/her toys and belongings when finished playing?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes- Independently <input type="checkbox"/> Yes- With Reminders <input type="checkbox"/> No- Leaves the area/room <input type="checkbox"/> Melts down when asked to clean up 	<p>If a new child asks your child to play, he/she...</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ignores the Child <input type="checkbox"/> Joins the child in the play activity <input type="checkbox"/> Joins, but directs the play activity <input type="checkbox"/> Depends on my child's mood

WHAT ARE YOUR CHILD'S STRENGTHS AND WHAT ACTIVITIES DOES HE/SHE ENJOY?

Return this Peer Model Application--Parent Information to:

Early Childhood Special Education Office Attention: Mikelann Beckvold
Hawthorne Elementary School
1520 S. Boulevard, Idaho Falls, ID 83401



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