

Preschool Outreach Program (POP) Community Role Model Application

Thank you for your interest in the Preschool Outreach Program

Instructions

1. Please complete **both sides** of this form in its entirety. Upon receipt of your child's completed application, you will receive a letter by mail indicating the next steps of the application process.
2. Applications must be dropped off or mailed to:

POP at Timothy Edwards Middle School
Attn: Preschool Team
100 Arnold Way
South Windsor, CT 06074

Application Information

Application for school year: 20____ - 20____ Today's Date: _____
Parent/Guardian Completing Application: _____
How did you hear about POP? _____

Demographic Information

Child's Name: _____ Male Female

Date of Birth: _____ Parent Name(s): _____

Best Contact Information:
Phone: _____ Email: _____

Address: _____

Sibling Names & Ages: _____

Have any siblings or other family members previously attended POP? _____

Are any immediate relatives employed by South Windsor Public Schools? _____

What is your child's "home elementary school" (where your child will go to kindergarten)?
Eli Terry Orchard Hill Pleasant Valley P.R. Smith

List *all* languages spoken in the child's home: _____

What was the *first* language your child learned to speak? _____

What language does your child speak *most of the time*? _____

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Please provide written responses.

1. How would you describe your child's personality? _____

2. How would you describe your child's behavior? _____

3. What are your child's favorite activities and interests? _____

4. How long does your child *typically* spend playing with a favorite toy or activity? _____

5. Describe your child's strengths: _____

6. Describe any concerns that you have about your child's development: _____

7. List peer-related experiences in which your child participates (i.e. daycare, playgroup, classes): _____
8. Has your child ever received Early Intervention Services (i.e. Birth-to-Three, occupational therapy, physical therapy, speech therapy, etc.)? If yes, please explain: _____

Check all that apply. Please read carefully.

1. Check the tasks that your child can complete independently:

- toileting dressing hand washing eating/drinking wiping nose

2. Check the following behaviors and social skills that describe your child:

- follows directions is aware of others' feelings will join group activities takes turns & shares
- highly active requires frequent adult attention separates easily from parent

3. Check the following play skills that your child demonstrates:

- imaginative/pretend play interacts with other children in play prefers to play alone

4. Check the following language skills that describe your child:

- engages in conversations answers who, what & where questions talks during play
- speech is clearly understood by others listens while others are speaking

- listens as books are read describes stories & experiences talks in sentences of 3+ words