**Powers County Preschool Inclusive Program**

**Application Form**

**(In order to be entered into the lottery, applications must be completed in full)**

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Name of Preschool Child Child’s birth date Boy/Girl

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Street Address City, State, Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ Names Daytime phone # Cell phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attendance Zone School Year

Please answer the following questions.

1. Why are you interested in having your child attend this inclusive program?

2. Why do you think your child would make a good role model for this program?

3. Please give an example of how your child communicates with other children in social settings (ex., birthday parties, playgroups, etc.).

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

**A**= Always **S**= Sometimes **N**=Never

1. How often do adults (who are unfamiliar with your child) have difficulty in understanding your child’s speech?
2. Does your child easily separate from parents?
3. How often does your child need help with simple self-help skills (ex., washing hands, eating independently, removing simple clothing (hat, shoes, etc.)?
4. Is your child fully potty trained? Yes No

 How often does your child have toileting accidents (including while asleep)?

1. How consistently does your child follow simple rules for safety and good behavior?

Thank You!

NOTE: We reserve the right to dismiss any inclusion child who is not able to act as a model student within the program.

