

# Powhatan ECSE Preschool Inclusion Program Application Form



**\*\*ALL APPLICATIONS ARE DUE TO FLAT ROCK ELEMENTARY SCHOOL BY FEBRUARY 21, 2020\*\*  
WE ARE UNABLE TO ACCEPT APPLICATIONS AFTER THE ESTABLISHED DEADLINE**

Application for:  
(Check One)

<b>3 Year Old Role Model</b> <input type="checkbox"/>	<b>4 Year Old Role Model</b> <input type="checkbox"/>
Must be 3 years old by 9/30/2020 Half Day Program <b>Parents must provide transportation</b>	Must be 4 years old by 9/30/2020 Full Day Program Transportation provided

Child's First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Name child goes by regularly/Nickname \_\_\_\_\_

Birth date of child \_\_\_\_\_

Circle: Boy/Girl

Address \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone \_\_\_\_\_

*(Please indicate your preferred contact number by putting an asterisk \* by an above number.)*

Please answer the following questions.

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

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

2. Why do you think your child would make a good role model for children with special needs?

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

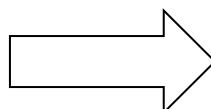
3. Do others ever have difficulty understanding your child's speech? Circle: Yes/No  
Describe the ways in which your child communicates with others, including other children.

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

4. Describe some of the ways your child demonstrates independence at home. (ex. dressing, eating, cleaning up, etc.)

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

See back for additional questions



5. Describe how your child approaches transitions and new or unfamiliar challenges or situations.

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6. Does your child easily separate from parents? Circle one: Always Sometimes Never

7. Describe your child's behavior in public settings. (ex. grocery store, library, etc.)

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8. Describe some of your child's favorite and least favorite activities.

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9. Has your child had any previous school experience? \_\_\_\_\_ Please explain.

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10. Help us learn about your little one! Give us 5 words that best describe your child. \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.

*The Powhatan Preschool Inclusion Program is looking for children whose families have no concerns with their development to serve as role models. If you have concerns with your child's development, please contact Amanda Johnson at 598-5743 for a free developmental screening.*

**Please read and initial the following:**

\_\_\_\_ I understand that PCPS reserves the right to dismiss from the program any inclusion student who does not demonstrate role model behavior.

\_\_\_\_ I understand that consistent attendance is necessary to provide opportunities to interact with and learn from peers.

\_\_\_\_ I understand that my child must be potty trained to attend this program.

\_\_\_\_ I understand that transportation is only provided for students who are age 4 (as of 9/30/19)

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in our program!

Powhatan County Public Schools Preschool Inclusion Contact Information:	
Powhatan County Public Schools 4290 Anderson Hwy, Powhatan, VA 23139 (804)598-5700	Flat Rock Elementary School (Site of Program) 2210 Batterson Road, Powhatan, VA 23139 (804) 598-5743