



DICKSON COUNTY SCHOOLS
Pre-K Peer Request Form

Date: _____ **For School Year: 2023-2024**

Child's Name (first, last): _____

DOB: _____

Gender: ☐ Male ☐ Female

Requested School: ☐ CES ☐ CENT ☐ OES ☐ WBES ☐ SBES

Requested Class (by age): ☐ 3 ☐ 4

Requested Session: ☐ AM (7:45 – 10:45) ☐ PM (11:30 – 2:30)

Address: _____

Parent/Guardian: _____ **Relationship:** _____

Phone Number: _____ **E-mail Address:** _____

A typical peer models the age appropriate speech, language, social/emotional, adaptive, and behavioral skills, for children with delays in the classroom. All peer applicants will be scheduled for a screening appointment in May 2023 before acceptance into the program.

Please answer the following:

1. Does the child receive any kind of therapy? _____
Example: Speech / Language Therapy, Occupational Therapy, Physical Therapy, ABA
2. Is the child completely toilet trained? _____
3. Is parent/guardian an employee of Dickson County Schools? _____
*If YES, please indicate school / department: _____
4. I understand Peer Tuition is \$20/week _____
5. I understand I must provide transportation to / from school each day AND that if my child attends the Pre-K Peers Program at a school where he/she is not zoned, they should expect to return to their zoned school for Kindergarten. _____

Comments: _____

FOR CENTRAL OFFICE USE ONLY:

Date Received: _____

Screening Date / Results: _____

Placement / Notification Sent: _____

Additional: _____