Application for Language Role Models at Cleary Preschool Program

Child's Name	Date of Birth
Address	
Mother's name	Father's name
Mother's email:	Father's email:
Siblings and ages	
Phone: Home	Mother's cell
	Father's cell
How did you hear about our program?	
Would your child be able to attend school five	e days a week?
Would your child be able to arrive promptly a	at 8:45 every day?
Is your child up to date on vaccinations?	
Is your child able to celebrate holidays?	
Is your child toilet trained?	
	any support services for delays in speech, motor, or
	ır child has had.
List any medical concerns (asthma, allergies,	etc.)

	Is there anything you would like us to know about your child?									
Please answer all of these questions using this rating scale:										
1-Always 2-Most of the Time 3-Sometimes 4-Occasiona	ally		5-Seldom				6-Never			
Can people easily understand your child's speech?	1	2	3	4	5	6				
Is your child able to verbally convey a thought?				4	5	6				
Is your child able to use turn taking in conversations?			3	4	5	6				
Is your child able to attend to short stories without pictures?			3	4	5	6				
Can your child wait quietly to speak in a group setting?	1	2	3	4	5	6				
Can your child change activities easily when asked?	1	2	3	4	5	6				
Does your child engage in pretend play?	1	2	3	4	5	6				
Does your child share cooperatively with others?	1	2	3	4	5	6				
Would your child participate in an activity that is not										
his or her choice?	1	2	3	4	5	6				
Would your child be able to stop a favorite activity when asked?	1	2	3	4	5	6				
Does your child accept being corrected?	1	2	3	4	5	6				
Please answer these questions: (use the back if needed)										
Does your child tend to be passive or dominant in his/her conver	rsation	ıs?	Ex	plai	in					
How would your child respond to another child that he/she could	l not u	ınd	ers	tano	d?					