



## Inclusion Works Program

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address : \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### PERSONALITY/SOCIAL DEVELOPMENT:

Is your child:  A Helper  Shy  Outgoing  Leader  Follower  Easily redirected

Does your child adjust well to new situations and /or people? \_\_\_\_\_

### SPEECH AND PHYSICAL GROWTH:

At what age did your child: Crawl \_\_\_\_\_ Walk \_\_\_\_\_ Walk alone \_\_\_\_\_

At what age did your child speak in complete sentences? \_\_\_\_\_

Is the English your child speaks easily understood by others? \_\_\_\_\_

Is your child on any medications? \_\_\_\_\_ If so, please list: \_\_\_\_\_

How many words does your child typically use in a sentence? \_\_\_\_\_

### BEHAVIORAL:

How long can your child attend to a story/lesson? \_\_\_\_\_

Can your child work independently on a task for 3-4 minutes or more?  Yes  No

Would you describe your child as:  Under active  Active  Over active  Extremely overactive

Please provide any additional information regarding your child: \_\_\_\_\_

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

I understand this application **does not** guarantee a slot in the Meyer Center Typical Peer Pilot Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed application to Heather Boyd, Senior Director of Education: [hboyd@meyercenter.org](mailto:hboyd@meyercenter.org) or mail to Meyer Center for Special Children, Attn: Heather Boyd, 1132 Rutherford Road Greenville, SC 29609