

Rutherford County Board of Education



Integrated Preschool Program

<u>Sites</u>	<u>Program Times</u>
Barfield Elementary	8:00 – 3:30
Brown's Chapel Elementary	7:15 – 2:45
Cedar Grove Elementary	7:15 – 2:45
Christiana Elementary	7:30 – 3:00
John Coleman Elementary	7:15 – 2:45 (2 classes)
LaVergne Primary School	7:15 – 2:45 (2 Classes)
Rock Springs Elementary	7:15 – 2:45
Rockvale Elementary	7:45 - 3:15
Stewartsboro Elementary	7:15 – 2:45
Stewart's Creek Elementary	7:15 – 2:45 (2 classes)
Walter Hill Elementary	7:15 – 2:45 (2 classes)

The above times are subject to change with the rezoning taking place for the 2019-2020 school year.

Applications are due back into the Rutherford County Board of Education, Special Education Department by Wednesday, February 27, 2019.

****Please read the packet carefully**

INTEGRATED PRESCHOOL PROGRAM

The Rutherford County Board of Education Integrated Preschool is an excellent program that offers preschoolers, with and without disabilities, challenging experiences through a language-based curriculum.

Rutherford County Schools **cannot provide any special education services to peer models** in the preschool program. **This includes speech therapy.** The peer model application process is not intended for special needs students with a current IEP or for students who have been referred for special education services. This program may not be appropriate for children who have not previously participated successfully in any type of childcare program.

Hours: These are determined according to each school's schedule. Times for lunch, snacks and naps will be a part of your child's daily schedule. The child's parents are responsible for transportation to and from the program. **Your child must be picked up at the designated time. * After school care is not available for peer models.**

Rutherford County has fifteen (15) integrated preschool classrooms located across the county. These classes are **special education classes** for children ages 3-5. Three peer models are placed at each site to serve as role models and peer helpers to children with special needs. The integrated preschool classroom is a structured teaching environment where special needs children and peer models learn together in a classroom that is staffed with one special education teacher and two education assistants. The curriculum is a language-based program emphasizing age-appropriate developmental skills and kindergarten readiness skills. Emphasis is placed on transitioning from one activity to another, listening and following directions, social skills, turn-taking and independent self-help skills.

To be accepted as a peer model, the following criteria must be met:

- Children must be 4 years of age, but not yet 5 by August 15, 2019. Children who are 5 by August 15, 2019 are eligible for kindergarten and are not appropriate for the integrated preschool class.
- Children must be **completely toilet trained** in order to be considered as a peer model.
- Children must speak clearly and be easily understood in order to model appropriate speech and language as a peer model.
- All peer models **must score in the average range** on the developmental screening conducted by our staff. Children are screened for age-appropriate developmental and school readiness skills. **This screening will take place at Barfield and Stewartsboro Elementary Schools from 8:30 a.m. until 2:00 p.m. on Saturday March 2, 2019. No appointment is necessary. Participation in this screening is mandatory to be considered as a peer model. You will not receive any type of reminder for the screening.**

- **Your completed application must be turned in to Lynn Ferrell at the Central Office by Wednesday, February 27, 2019.** Faxed applications will be accepted. The fax number is 904-3774 and must be sent to the attention of Lynn Ferrell.

The application packet consists of five pages including a developmental checklist that the parent must complete. **All pages must be completed.**

Guidelines for the Preschool Program:

- Daily attendance is required.
- **Parents must have their children at the program on time and pick them up at the designated time. ***After school care is not provided.**
- The Tennessee Health Record Form is required for all children documenting their immunization history. A copy of the child's certified birth certificate is also required.
- **If at any time** it becomes evident that this is not an appropriate setting for your child, you will be asked to remove him/her from the program.
- After the initial adjustment period of two weeks, he/she may be removed from the program if they demonstrate a pattern of inappropriate behaviors. Inappropriate behaviors may include the following:

- Tantruming
- Screaming
- Excessive Crying
- Hitting
- Biting
- Pushing
- Throwing items
- Verbal or physical aggression toward peers or adults
- Non-compliance with adult directives
- Derogatory language toward peers or adults
- Refusal to interact with another child
- Refusal to participate in required activities
- Refusal to go to time-out without assistance

Inappropriate behaviors will be documented. If a pattern becomes evident, parents will be provided with documentation of these behaviors.

Cost:

- Parents will be responsible for paying for their child's breakfast and lunch each day or the child can bring his/her own breakfast/lunch. Fees for special field trips or activities will be requested as they occur throughout the year. **There will be a one hundred twenty-five-dollar fee charged each nine weeks to offset the cost of consumable supplies and materials used throughout the year. This is a total fee of \$500.00 for the year. The fee is due each nine weeks or may be paid in total. The first one hundred twenty-five-dollar fee is due at the time of your child's enrollment in August 2019.**

** Rutherford County Board of Education Attendance of Non-Resident Students Policy 5-66.5

The non-resident teacher that elects to have his/her child(ren) attend school in Rutherford County shall pay an annual tuition. The tuition charges shall not exceed per pupil, per annum, an amount equal to funds actually raised and used for school purposes by the county, divided by the number of pupils in average daily attendance in the county schools during the preceding school year.

If you would like to pursue a position of peer model for your child, please complete the following five pages and return to Lynn Ferrell at Central Office by **Wednesday February 27, 2019**. If you have any questions please contact Lynn Ferrell at 893-5812 ext. 22057.

PLEASE NOTE- Your application will not be considered if the five page application is not completed and returned by February 27, 2019 and your child does not participate in the screening on March 2, 2019 as outlined above.

RUTHERFORD COUNTY 2019-20 PEER MODEL APPLICATION

Child's full name _____

Date of birth _____

(Must be 4 by August 15, 2019)

What does your child like to be called? _____

FAMILY:

Parent name _____ Parent name _____

Street Address _____ Street Address _____

City/Zip _____ City/Zip _____

Where employed _____ Where Employed _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email _____

Other children in the family:

Name	School
_____	_____
_____	_____
_____	_____
_____	_____

Is this a child or grandchild of a Rutherford County School Employee?

Staff member's name: _____ Position _____

Relationship to child: _____ Work location: _____

PRESCHOOL SITE PREFERENCE:

1. _____ 2. _____

TRANSPORTATION:

To insure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child.

EMERGENCY INFORMATION:

Person authorized to act for the parent in an emergency? _____
Address _____ Home phone _____
Work phone _____ Cell phone _____
Name of physician _____ Office phone _____

EATING HABITS:

Favorite Foods _____
Disliked Foods _____
Food Allergies _____

SPEECH AND PHYSICAL GROWTH:

At what age did your child speak in complete sentences? _____
Crawl? _____
Walk? _____
Is the English your child speaks easily understood by others? _____
Is your child on any medications? _____
If so, please list: _____

BEHAVIORAL:

Does your child have frequent temper tantrums? _____
How long do they last? _____
How often do they occur? _____
Can you tell what starts them? _____
If so, please give examples _____
What helps him/her to calm down? _____
Would you describe your child as:
Under Active? _____
Active? _____
Overly Active? _____

Give other information you think we should know about your child:

PRESCHOOL CHECKLIST

Read each item and think about your child's present behavior. Please place a check in the column that best fits your child's behavior.

THERE ARE NO RIGHT AND WRONG ANSWERS.

If you child is in daycare, please have your daycare provider fill out this form; if not, the parent should complete this form.

Completed by: _____ Date: _____

Please check how often??

	Never	Sometimes	Very Often
Follows directions	_____	_____	_____
Follow directions given by adults	_____	_____	_____
Participates in organized group activities	_____	_____	_____
Asks permission before using other's property	_____	_____	_____
Responds appropriately when hit or pushed by other children	_____	_____	_____
Controls temper in conflict situations with parent or teacher	_____	_____	_____
Controls temper when arguing with other children	_____	_____	_____
Follows rules when playing with others	_____	_____	_____
Shows interest in a variety of things	_____	_____	_____
Makes friends easily	_____	_____	_____
Puts away toys when asked	_____	_____	_____
Waits turns in games or other activities	_____	_____	_____
Joins group activities without being asked	_____	_____	_____
Communicates problems to you	_____	_____	_____
Speaks in an appropriate tone of voice	_____	_____	_____
Speech is easily understood by others	_____	_____	_____
Eats with a spoon and fork	_____	_____	_____
Indicates need to use the restroom	_____	_____	_____
Uses toilet independently	_____	_____	_____
Uses toilet paper	_____	_____	_____
Washes hands	_____	_____	_____
Pulls up garments	_____	_____	_____
Easily adapts to new situations	_____	_____	_____
Easily accepts separation from caregiver or parents	_____	_____	_____

If your child attends a preschool or daycare, please have this form completed by someone who works directly with your child. *If your child does not attend a preschool or daycare, this form should be completed by a parent or primary caretaker.* Return this with your referral packet.

SPEECH AND LANGUAGE DEVELOPMENT

Student _____ **Preschool** _____

Your observations and input concerning the above preschooler will help determine whether a speech or language difference adversely affects his/her participation in the preschool setting.

How long has the student attended your facility? _____

Does he/she interact appropriately with children of the same age? ___ Yes ___ No

Explain: _____

Is the child's speech difficult for you to understand? ___ Yes ___ No ___ Sometimes

Explain/Comment: _____

Can you understand him/her even though there are some sounds that are in error? ___ Yes ___ No ___ Sometimes

Explain/Comment: _____

Does the child seem frustrated when you cannot understand what is being said? ___ Yes ___ No ___ Sometimes

Example: _____

Has the child's speech and language improved since attending your facility? ___ Yes ___ No

Does the child typically use two or three-word phrases/sentences? ___ Yes ___ No

Explain/Example: _____

How does the child make his/her wants and need known in the daycare/preschool setting?

- _____ signs or gestures
- _____ screams or cries
- _____ pulls or leads caregiver to desired items
- _____ shows pictures
- _____ gets desired item without assistance
- _____ uses single words
- _____ uses short phrases
- _____ uses complete sentences

Please comment on any items that will help us better understand the child's communication in your setting.

Signature of Person Completing Form

Date

I have read the Preschool Program Summary and understand this application does not guarantee that my child will be selected to participate in the Rutherford County Schools Integrated Preschool Program.

Signature

Date

For office use only:

Date application received: _____ Screened: _____