SCIOTO COUNTY PRESCHOOL INTERVENTION PROGRAM
Peer Model Application

(R070323)

Student's Name ______________________________________ Resident School District _____________________

Date of Birth ____________________________________ Home Phone _______________________________

Parents' Name ___________________________________ Work Phone _______________________________

Center-Based Classrooms
Our classrooms are licensed for up to 8 students who have special needs with no more than 16 total students. We usually accept up to 4 peer models per classroom. Classes are in session four days a week, Monday through Thursday with times varying based on specific locations. The classrooms are located in various districts throughout the county. All students are provided developmentally appropriate practices and we strive to have students ready for achievement in kindergarten. All of our classrooms have a teacher and a teacher assistant, enabling the staff to accommodate the individualized needs of each child. Preschoolers in our program with special needs may receive speech therapy, physical therapy, occupational therapy, and related services as they may have documented disabilities in communication, motor, hearing, vision, social emotional/behavioral skills, adaptive skills and/or cognitive ability.

Peers serve as models of age-appropriate skills for children demonstrating delays in their development. For this reason, it is critical that peers demonstrate the skills listed below. If after a brief trial period, your child is not able to consistently demonstrate the criteria below within the preschool classroom; your child may not be able to continue to attend our preschool program as a peer model.

-Completely toilet trained
-Separates easily from parents
-Able to follow rules and routines
-Attends to adult-guided activities
-Plays with a variety of toys appropriately
-Is able to play beside and/or with other children while sharing the same toys
-Verbally interacts with peers in play situations
-Speech is clear and understandable by unfamiliar adults

Preference will be given to children who are age 4 and who are residents of the district to which they are applying.

PROCEDURES FOR PRESCHOOL ENROLLMENT

1. **Applications will be accepted starting January 1 for the following school year.** Applications will be reviewed by staff and, as part of the application process, a classroom visit will be arranged to meet the child and observe how he/she interacts with other children.
2. ***Parents will be notified of their child's acceptance or rejection before August 1***. All students are accepted on a trial basis the first month. If the staff feels your child is not developmentally ready for a class of this type, they will discuss this with you.
3. The teacher will contact parents of children, who have completed the application process and been accepted, to schedule a home visit. During the visit the teacher will collect any forms and will discuss the parent handbook and the first day of class for the student.
4. Applications are valid for one school year. If a child is not accepted, application must be made again to be considered for the following year.

***The Ohio Department of Early Childhood sets the maximum number of children in the classroom. This classroom is licensed as a classroom for children with disabilities. Although rare, it may be necessary to remove a typically developing child from the classroom in order to provide for a student with disabilities.**

Locations of classrooms for children with special needs are listed below. Please indicate the classroom unit for which you are applying.

☐ Bloom-Vernon	☐ Northwest	☐ Minford
☐ New Boston	☐ Valley	☐ Portsmouth West

Application is for the school year beginning fall of ____________________________.
year

If you have questions regarding the program, call 740-354-0223 and speak with Jodie Wheeler. Completed applications can be dropped off Monday-Friday 9:00 a.m. – 4:00 p.m., faxed to 740-354-0280 (please call to confirm receipt), scanned and emailed to jodie.wheeler@scoesc.org or mailed to:

JODIE WHEELER
SCOESC
522 GLENWOOD AVE
NEW BOSTON OH 45662

SCIOTO COUNTY INTERVENTION CLASSROOM AGREEMENT

1. Tuition is $300.00 per month. Payment will be accepted electronically through the Brightwheel online software. More information will be provided by the classroom teacher after acceptance into the program.

2. If a child misses days during the month, a holiday occurs or a calamity results in school not being in session, the fee remains the same. Due to obligations, there may be occasions when the early intervention classes will be cancelled or a make-up day scheduled. This will not change the monthly fee. If a parent requests a leave of absence from the classroom, tuition must be paid during the absence to hold the spot in the classroom. If payment is not made on time, another child may be enrolled in that spot.

3. The fee must be paid monthly on the first school day of the month. It is essential that payments be made promptly to cut down on paper work and staff time. If special circumstances arise, the payment date can be discussed with the teacher. If payments fall more than a week behind, parents may be informed that their child will be withdrawn from the classroom.

4. If a parent withdraws the child during the month, the amount paid is non-refundable.

5. If the staff finds the child is not developmentally ready for the classroom setting, the tuition will be prorated and refunded.

6. **On rare occasions, circumstances may arise that would make it necessary for the Scioto County Intervention Program to terminate this contract. Every effort will be made to provide 30 days notice should this be necessary.**

I have read and understand the agreement and if my child is accepted as a student in the

program, I ____________________________________ agree to pay the tuition due on the
(parent/guardian)

first school day of the month, for classroom services. I understand that if my payment is one

week late without explanation that my child's enrollment will be jeopardized and my child

may be removed from the classroom.

____
(signature of parent/guardian)

____
(date)

IDENTIFYING DATA

CHILD:____ NICKNAME:______________
FIRST MIDDLE LAST

DOB: _______________________ SSN: ______________________________________ ☐ Male ☐ Female

SCHOOL DISTRICT OF RESIDENCE: ____

PARENT(S)/GUARDIAN(S) NAME: __________________________________ __________________________________
(MOTHER) (FATHER)

ADDRESS: __________________________________ __________________________________

__________________________________ __________________________________

PHONE: __________________________________ __________________________________

WORK/CELL #: __________________________________ __________________________________

DIRECTIONS TO HOME: ____

____

NAME(S) OF PERSON(S) COMPLETING FORM: ____

PLACE OF BIRTH: ____________________________ MOTHER’S MAIDEN NAME: ________________________________

Is the student of Hispanic/Latino origin? ☐ Yes ☐ No

Racial/Ethnic Group: ☐ White, Non-Hispanic ☐ Black or African American ☐ American Indian
☐ Asian ☐ Native Hawaiian or Other Pacific Islander
☐ Multiracial (**if this category is chosen, the specific races must also be chosen)**

ANNUAL INCOME $________________ or MONTHLY INCOME $_________________ ☐ I PREFER NOT TO ANSWER

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SOCIAL INFORMATION

FAMILY UNIT SIZE: ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8 ____ OTHER (how many)

LIST BELOW THE PERSONS LIVING IN THE HOME: (If more room is needed list on back of page.)

NAME	SEX	DOB	RELATIONSHIP	HEALTH

CHILD'S STATUS: ____________ NATURAL ____________ ADOPTED ____________ FOSTER
CHILD'S STATUS IN FAMILY? ______ OLDEST ______ MIDDLE ______ YOUNGEST ______ ONLY

MOTHER'S EDUCATION: ______________________________ FATHER'S EDUCATION: ______________________________
MOTHER'S OCCUPATION: ______________________________ FATHER'S OCCUPATION: ______________________________

WHO IS THE PRIMARY CARETAKER OF THE CHILD? ____
______ MOTHER ______ FATHER ______ GRANDPARENTS ______OTHER (___________)

MEDICAL INFORMATION

HAS THE CHILD EVER HAD:

______ MEASLES (7 DAY) ______ SCARLET FEVER ______ BROKEN BONES ______ ALLERGIES
______ RUBELLA (3 DAY) ______ RHEUMATIC FEVER ______ OPERATION ______ PNEUMONIA
______ CHICKEN POX ______ ASTHMA ______ HEART PROBLEMS ______ SEIZURES
______ WHOOPING COUGH ______ MUMPS ______ HEARING PROBLEMS ______ POISONING
______ HOSPITALIZATIONS ______ MENINGITIS ______ VISUAL PROBLEMS ______ ACCIDENTS

OTHER/COMMENTS/EXPLANATIONS: ____

____

____

HEALTH

ATTENDING PHYSICIAN: ______________________________ PHONE: ____________________

ADDRESS: ____

LAST EXAMINATION: ______________________________ HEIGHT: ____________ WEIGHT: __________

DOES CHRONIC CONDITION EXIST THAT REQUIRES MEDICATION? ______________________________

DATE PRESCRIBED? ______________________ BY WHOM? ______________________________

TYPE OF EVALUATION	DATE	TREATMENT	ADMINISTERING AGENCY/CONTACT PERSON

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NUTRITIONAL INFORMATION

IS THE CHILD'S APPETITE NORMAL? __________ IF NOT, WHY? ______________________________

WHAT ARE THE CHILD'S FAVORITE FOODS? ____

WHAT FOODS DOES THE CHILD REFUSE TO EAT? ____

IS THE CHILD ALLERGIC TO ANY FOODS? ________ IF YES, WHAT FOODS? ________________________

DOES THE CHILD FEED HIMSELF/HERSELF? ____________

BEHAVIORAL INFORMATION

DOES THIS CHILD HAVE ANY OF THE FOLLOWING BEHAVIOR TRAITS?

______ NIGHTMARES
______ TEMPER TANTRUMS
______ OVERACTIVE
______ ROCKING
______ TOILET TRAINING PROBLEMS
______ THUMB SUCKING
______ STUTTERING
______ EYE BLINKING
______ HEAD BANGING
______ BITING
______ NAIL BITING
______ MOOD SWINGS
______ HITTING/PINCHING
______ EXTREMELY QUIET

IS CHILD TOILET TRAINED? _________________ DOES THE CHILD DRESS HIMSELF/HERSELF? _________________

HOW DOES THE CHILD SPEND THE DAY? ____ NURSERY SCHOOL ____ DAY CARE
____ SITTER ____ W/PARENT

DOES THE CHILD MAKE FRIENDS EASILY? __________________ DOES THE CHILD SHARE TOYS? ________________

DOES THE CHILD PLAY WITH OTHER CHILDREN DURING THE DAY? ____

______ HAS LOTS OF FRIENDS
______ PLAYS WITH SIBLINGS ONLY
______ PREFERS ONE OR TWO FRIENDS
______ PREFERS TO PLAY ALONE

WHAT DOES THE CHILD LIKE TO PLAY WITH? ____

____

DOES THE CHILD PLAY WITH?

______ PUZZLES ______ CONSTRUCTION TOYS ______ CRAYONS ______ SCISSORS ______ PENCILS

WHEN THE CHILD PLAYS:

______ NEEDS SOMEONE PRESENT MUCH OF THE TIME OR GETS INTO TROUBLE
______ OCCUPIES SELF BY FINDING AND DOING OWN ACTIVITY
______ GETS BORED EASILY IN ANY ONE ACTIVITY
______ NEEDS A LOT OF THINGS TO KEEP OCCUPIED

HOW DOES THE CHILD EXPRESS HIS NEEDS? ____

____

WHAT METHOD OF DISCIPLINE IS USED? BY MOTHER ______________________ BY FATHER ______________________

DOES THE CHILD SEPARATE FROM PARENT EASILY? ____

DOES THE CHILD HAVE ANY FEARS? ____

DESCRIBE YOUR CHILD:

______ FRIENDLY
______ SHY
______ EASILY ANGERED
______ INDEPENDENT
______ STUBBORN
______ DIFFICULT TO HANDLE
______ QUIET
______ FEARFUL
______ COOPERATIVE

ADDITIONAL COMMENTS: ____

____