Peer Models for Inclusion in Early Childhood Special Education Preschool Programs

<table>
<thead>
<tr>
<th>Sites</th>
<th>Program Times</th>
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<tbody>
<tr>
<td>Dogwood Elementary</td>
<td>8:45-3:45</td>
</tr>
<tr>
<td>Farmington Elementary</td>
<td>8:30-3:30</td>
</tr>
<tr>
<td>Riverdale Elementary</td>
<td>8:30-3:30</td>
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*Please read the following packet carefully. Applications are due back into the GMSD Exceptional Student Education Office by April 9, 2018*
PROGRAM DETAILS

The Germantown Municipal Schools Early Childhood Special Education Preschool program is an excellent learning environment that offers preschoolers, with and without disabilities, challenging instructional experiences to provide maximum growth in all developmental areas.

The Peer Model Program provides an opportunity for typically developing children to be integrated into our Early Childhood Special Education classrooms to serve as role models for our children with disabilities.

Peer Model students provide positive peer interactions, demonstrate play skills, and model appropriate language and behavior for children with disabilities while in the classroom setting.

Germantown Municipal Schools has three (3) early childhood special education preschool programs located in the three elementary schools who serve students identified with disabilities, ages 3-5.

Two to three peer models are selected to serve as role models for students with disabilities at each preschool. Each of the three programs offers intentional learning activities in small and large groups that is facilitated by a special education teacher and educational assistants. Our goal is to provide our students with a strong foundation of core skills to be successful in kindergarten and beyond.

To apply to be a positive peer model, the following criteria must be met:

- Children **must** be a Germantown resident
- Children **must** be 4 years of age, but not yet 5 by August 15, 2018.
  - Children who are 5 by August 15, 2018 are eligible for kindergarten and are not appropriate for the early childhood special education preschool class.
- Children **must** speak clearly and be easily understood in order to model appropriate speech and language as a positive peer model peer.
- Children **must** attend both the screening at the district office and the zoned elementary school.

Screening Process

The screening process includes two play based sessions.

The first session will take place at the district office with all of peers that have applied. The staff will provide developmentally appropriate activities that will enable the child to show his/her abilities in the following areas: readiness/problem solving, language, motor, social emotional/prevocational. The rubrics will be scored. All peer models must display age appropriate skills on the rubric.

The second session will take place at the child’s zoned school. The staff will provide play based opportunities that will enable the child to show his/her ability to communicate and interact with the students with disabilities as well as the classroom staff. The communication and social emotional/prevocational rubric will be scored.

All of the rubrics from both screening sites will be totaled and the top two to three children for each zoned school will be offered a slot for the following school year.
Screenings will be held:
  Where: GMSD District Office
  When: April 26, 2018
  What time: 9:30-11:30

The second screening will take place at your child’s zoned school. Additional details will be shared with you about the date and time.

Guidelines for the Preschool Program:

- Daily attendance is required as the children serve as models. Daily attendance is defined as 7 hours a day, 5 days a week.

- Parents must have their children at the program on time and pick them up at the designated time. After school care is not provided.

- Tennessee Health Record Form is required for all children documenting their immunization history. A copy of a certified birth certificate and social security card is also required.

- Peer models are selected based on the screening results. If the match does not prove to be what is in the best interest for the children with disabilities or the model, the child will be dismissed from the program.

Cost:
- Parents will be responsible for providing lunch for their child.
- Fees for special field trips or activities will be requested as they occur throughout the year.

If you have any questions please contact Anne Quinn at 752.7911

Your completed application must be turned in to Felicia Mathis at the Central Office by April 9, 2018. Faxed and scanned applications will be accepted. The fax number is 901-and must be sent to the attention of Felicia Mathis or by Felicia.mathis@gmsdk12.org.

Application consists of:
- Demographic Information and Basic Development completed by parent
- Preschool Checklist completed by parent
- Preschool Checklist completed by teacher or childcare provider
- Signature Page that indicates understanding of process completed by parent

Your application will be considered complete when the five page application is received no later than April 9, 2018.
GERMANTOWN MUNICIPAL SCHOOLS
PEER MODEL FOR INCLUSION IN
Early Childhood Special Education APPLICATION
2017-2018

Child’s full name__________________________________________________________

Date of birth______________________________________________________________

(Must be 4 by August 15, 2018)

What does your child like to be called? ______________________________________

FAMILY:

Mother’s name______________________Father’s name__________________________

Street Address______________________Street Address________________________

City/Zip____________________________City/Zip______________________________

Where employed______________________Where Employed_____________________

Home Phone___________________________Home Phone________________________

Cell Phone____________________________Cell Phone__________________________

Other children in the family:

<table>
<thead>
<tr>
<th>Name</th>
<th>School</th>
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Is this a child or grandchild of a Germantown Municipal Schools Employee?

Staff member’s name: ___________________________ Position_____________________

Relationship to child:_______________________ Work location: __________________
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? __________________________
Do others understand the English your child speaks easily? __________________________
Is your child on any medications? ________________
If so, please list: __________________________

Social/Prevocational:
Does your child play with toys independently? __________________________
How long do they play on their own? __________________________
How does your child interact with others? __________________________
How does your child react to redirection or constructive feedback? __________________________

How many sets of directions can your child follow? __________________________
Would you describe your child as:
Under Active? ________________
Active? ________________
Overly Active? ________________

Give other information you think we should know about your child:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
# PRESCHOOL CHECKLIST

This form should be completed by both the parent and the preschool or childcare provider (ie Kindermusic Teacher, swimming teacher, Little Gym teacher)

Completed by: ___________________________ Date: ___________________________

<table>
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<tr>
<th>Please check how often</th>
<th>Never</th>
<th>Sometimes</th>
<th>Very Often</th>
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<tbody>
<tr>
<td>Follows directions from peers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Follow directions given by adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participates in organized group activities</td>
<td></td>
<td></td>
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<tr>
<td>Asks permission before using other’s toys</td>
<td></td>
<td></td>
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<tr>
<td>Responds appropriately when hit or pushed by other children</td>
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<td></td>
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<tr>
<td>Protests appropriately in conflict situations with parent or teacher</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responds appropriately when solving conflict with other children</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Follows rules when playing with others</td>
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<tr>
<td>Shows interest in a variety of things</td>
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<tr>
<td>Makes friends easily</td>
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<tr>
<td>Puts away toys when asked</td>
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<tr>
<td>Waits turns in games or other activities</td>
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<tr>
<td>Joins group activities without being asked</td>
<td></td>
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<tr>
<td>Communicates problems to you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speaks in an appropriate tone of voice</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Speech is easily understood by others</td>
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<td></td>
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</tr>
<tr>
<td>Eats with a spoon and fork</td>
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<tr>
<td>Indicates need to use the restroom</td>
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<tr>
<td>Uses toilet independently</td>
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<tr>
<td>Uses toilet paper</td>
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<td></td>
<td></td>
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<tr>
<td>Washes hands</td>
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<td></td>
<td></td>
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<tr>
<td>Pulls up garments</td>
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<td></td>
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<tr>
<td>Easily adapts to new situations</td>
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<td></td>
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<tr>
<td>Easily accepts separation from caregiver or parents</td>
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I have read the Preschool Program Summary and understand I will be notified when openings occur. I understand this application does not guarantee a slot as a Positive Peer Model in the Germantown Municipal Schools Special Education Program

____________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Signature                                                                                                                              Date

For office use only:

Date application received:____________________           Screened:____________________                                                                                  Date