

Age: ____

LEAPS Preschool

Application for Preschool
Avon Lake City Schools

We are excited that you are interested in your child's participation in the LEAPS preschool program. We are looking forward to integrating preschool children without disabilities into the classroom in order to provide role models in all areas of development for all of our students. Please complete this application to tell us about your child. Upon receipt of this completed questionnaire we will contact you with a screening date, (date is February 4, 2019 and February 11, 2019) during which your child will participate in a 1 1/2 hour "preschool day" at LEAPS as we begin our selection process for incorporating preschool children without disabilities into the LEAPS preschool program.

Preschool Children for the LEAPS integrated preschool will be chosen with the following considerations:

1. Must be a resident of Avon Lake.
2. Must be at least 3 years of age prior to August 1, 2019 (and less than 6 years of age by August 1, 2019)
3. Strong communication and social skills are preferred.
4. Must be completely potty trained by August 1, 2019.

Please check the box below if you are interested in a unique opportunity to participate as a peer model in a classroom serving students with moderate special needs Tuesday – Friday from 12:30pm-3:00pm. Full tuition is waived.

Interested: _____

Identifying Data:

Child's Name: _____ Male Female
 Parents' Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____

Family History:

1. Who lives at home with the child?

Names	Relationship to Child	Age

2. Are there any siblings or parents that live outside of the home?

- No Yes, Please indicate name, relationship, and ages of these individuals.

2. Does your child

- stay with a parent (mother or father) during the day?
 attend day care during the day? Where? _____
 Frequency? _____
 stay with a babysitter during the day?

3. Describe your child's relationship with his/her siblings, if applicable. _____

Developmental / Medical History:

1. Has your child ever received any Early Intervention Services (e.g., Help Me Grow, Speech Therapy, etc)?

No Yes, Please describe the reasons for Early Intervention and the services provided.

2. Is your child being treated for any persistent medical condition?

No Yes. Please describe:

3. Please describe any complications during pregnancy, labor or delivery (including prematurity).

Early Childhood Experiences:

1. Has your child attended preschool? No, this would be his/her first preschool experience.
 Yes. Please note where and when. _____

2. Please check and indicate approximate ages of participation and places for any of the following activities your child has participated:

- Library Storytime _____
- Parent Tot Music or Activity/Nature Classes _____
- Toddler/Preschool Music or Activity/Nature classes (no parent) _____
- Tot or Preschool Organized Sport Activities _____
- Neighborhood or Preschool PTA playgroups _____
- Other _____

Skill Development:

1. Please note any languages, other than English, that are spoken fluently in the home. _____
2. Can your child follow 2 step directions (e.g., put on your shoes and get your coat)? Yes No
3. Approximately how many words does your child understand? >100 100-200 > 200
4. How many words does your child put together in a phrase/sentence? 3-5 5-8 8+
5. Do others have a difficult time understanding your child's speech? Yes No
6. Which colors can your child identify? _____
7. Which shapes can your child identify? _____
8. Which numbers can your child identify? _____
9. Which letters can your child identify? _____
10. What play/leisure activities does your child enjoy? _____

Please indicate why you feel that the LEAPS preschool program would be a good match for your child.

Please indicate your preference, should your child be selected to participate:

- AM Preschool because _____
- PM Preschool because _____

(NOTE: WE DO NOT GUARANTEE THAT WE WILL BE ABLE TO HONOR YOUR PREFERENCE, BUT WE WILL TRY OUR BEST)

Parent signature _____ Date _____

Please return the completed application WITH A RECENT PHOTOGRAPH* to:
Pupil Services Office/ Maria Szarek
175 Avon Belden Road.
Avon Lake, Ohio 44012
Attn: Maria Szarek

* Photograph to be returned with notification of screening results via mail.