



New Kent Preschool Inclusion Program
 Application Form
 2018-19

(Only complete applications will be considered. Application does not guarantee enrollment in the program)

 Name of Preschool Child/Nickname Birthdate of child Boy/Girl Race

 Physical Address City, State, Zip Code

 Mailing Address if different

 Parents/Guardians' Names Daytime phone # Evening phone #

 Email Address

Please answer the following questions:

1. What qualities do you think your child possesses in order to be a role model for NKCP's Early Childhood Special Education program?

2. Has your child ever been screened/evaluated by a specialist? ____ Has your physician ever recommended that your child be screened to due concerns with development? ____ If yes to either, please explain the concerns and the outcome of the screening/evaluation.

3. Does your child communicate clearly with others (peers and adults)? ____ Please give examples.

4. Has your child previously been enrolled in a preschool/daycare program? If so which one(s)?

5. Describe your child's behavior in public. (e.g., at the grocery store, library, etc.)

6. As a parent/guardian, how do you perceive your role as a parent of an inclusion student?

7. Does your child have any medical conditions or restrictions that staff need to be aware of (allergies, medications, food restrictions, etc)?

Please check the appropriate box for the following skills regarding your child.

Skill	Independently	With help	Not yet
Uses the bathroom			
Washes and dries hands			
Puts on and takes off coat			
Feeds self with utensils and minimal spillage			
Opens food/drink containers			
Waits patiently for your attention			
Follows routine directions			
Entertains self, at least 5 minutes			
Attends to a story from a book			
Shares with peers			
Complies easily with adult directions			



New Kent Preschool Inclusion Program Agreement



(This agreement is based on the following provisions:
Please read and initial.)

1. _____ All adults who care for this child have read the IPOP Informational brochure and acknowledge that this child meets the criteria. Additionally all adults responsible for the care of this child understand the program and its expectations.
2. _____ Communicate effectively with preschool staff while being mindful that all NKCPs staff's time is prioritized for the children with special needs in accordance with federal law.
3. _____ Families of inclusion students will provide grade level supplies at the beginning of the school year as well as when requested by the teacher or program.
4. _____ If behavior concerns arise, families of inclusion students will work closely with the classroom teacher and other NKES staff to ensure their child's functioning reflects their enrollment as a model student.
5. _____ Families of inclusion students will communicate information about their child that may affect their behavior at school. (Topics may include sleep patterns, medications, parental/caregiver changes, etc.)
6. _____ Enrollment as an inclusion student is a commitment of time. The IPOP program reserves the right to dismiss inclusion children due to excessive absences, tardiness, or early dismissals.
7. _____ Inclusion students will take care of their own toileting needs.
8. _____ Families of inclusion students will make provisions for 2 healthy meals (purchased from school or sent from home) and 1 snack each day that their student is able to open and consume independently.

(We reserve the right to dismiss any inclusion student who is not able to act as a model student within the program.)