

Enrollment Procedures for Typical Peers for LEEP Inclusion Program

Typical peers attend the L.E.E.P. inclusive preschool program for a fee paid to the Londonderry School District. Students may enroll at any point in the year based on space availability, although registration for the school year primarily takes place March prior to enrollment. Students must meet the age requirement by September 1st of the entry year.

Parents contact the LEEP Secretary initiate the application process at 437-5855, extension 7223. A waitlist is maintained throughout the school year for children who are not yet age eligible or for whom no openings are available. A lottery process is completed if there are more applicants than spots available. Parents are required to complete a developmental questionnaire as part of the application process. Requirements include the following:

- Child must be toilet trained
- Child must demonstrate strong speech and language skills. For example, speech must be clearly understood by others;
- Child must display appropriate behavior/social skills.

All children accepted for enrollment must follow the entrance requirements for the Londonderry School District. The child's original birth certificate must be brought to the school office along with health forms, including immunization records and a record of a physical examination completed within a one-year period of expected enrollment. Additional forms, including emergency contact cards are also required.

LONDONDERRY EARLY EDUCATION PROGRAM
INCLUSION PROGRAM APPLICATION

DATE _____

CHILD'S INFORMATION

NAME _____

(First) (Nickname) (Middle) (Last)

ADDRESS _____ TELEPHONE # _____

DATE OF BIRTH _____ SEX: _____ MALE _____ FEMALE _____

FAMILY INFORMATION

FATHER'S NAME _____ BIRTHDATE _____

ADDRESS (if different) _____ TELEPHONE _____

OCCUPATION _____ EDUCATION _____

EMPLOYER _____ TELEPHONE _____

MOTHER'S NAME _____ BIRTHDATE _____

ADDRESS (if different) _____ TELEPHONE _____

OCCUPATION _____ EDUCATION _____

EMPLOYER _____ TELEPHONE _____

LEGAL GUARDIAN: (check one) _____ MOTHER _____ FATHER _____ BOTH _____ OTHER _____

BROTHERS AND SISTERS:

NAME AGE EDUCATION AND SPECIAL SERVICE

OTHER PERSONS LIVING IN THE HOME _____

LANGUAGE(S) SPOKEN IN THE HOME _____

DOES ANY MEMBER OF YOUR FAMILY HAVE A DISABILITY? _____

PLEASE EXPLAIN _____

HAVE THERE BEEN ANY RECENT BIRTHS, DEATHS, DIVORCE, SEPARATION, OR OTHER MAJOR CHANGES IN THE FAMILY?

PLEASE EXPLAIN _____

IN CASE OF EMERGENCY, CONTACT: (other than the parent of the child)

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

PRENATAL, BIRTH AND HEALTH HISTORY

BIRTHPLACE _____

Were there any unusual events during your pregnancy or delivery with this child (for example: toxemia, x-ray treatments, rubella, other maternal illness or injury, drugs, bleeding, or other problems)?

Was your child premature? _____ How many weeks? _____

Did your child have any birth defects or require special care after birth (for example: needed oxygen, had cleft palate, webbed feet or fingers, heart or lung condition, malformation of spine, etc.)?

List of diagnosis your child has been given: _____

Describe any serious accidents, illnesses, hospitalizations or surgeries:

TYPE

DATE

CHILD'S AGE

DOCTOR/SURGEON

Has your child had seizures or convulsions? _____ When? _____

If your child has allergies, please list: _____

If your child is on medication, please list type of dosage: _____

If you child is on a special diet, please describe: _____

List your child's pediatrician and other specialists who have seen your child:

NAME

ADDRESS

DATE SEEN

List other agencies that have been involved with your child (clinics, hospitals, physical or occupational therapists, speech therapists, preschools, public health nurses, etc.).

GROWTH HISTORY

Indicate the age at which your child accomplished the following:

Held head erect _____	Rode tricycle _____	Fed self with spoon _____
Sat unsupported _____	Climbed stairs _____	Gave up bottle _____
Crawled _____	Ate solid foods _____	Drank from cup _____
Walked _____	Finger fed self _____	Toilet Trained _____
		Dressed Self _____

MOTOR DEVELOPMENT

If you have concerns about your child's motor development, please explain:

Please check any of the following that apply to your child:

_____ Seems clumsy	_____ Falls frequently	_____ Moves slowly or jerkily
_____ Feels tight	_____ Uses one side of the body differently from the other side	
_____ Feels floppy		

How does your child get from room to room? (i.e., crawls, is carried, scoots, walks, etc.) _____

What hand does your child use most often? _____ Right _____ Left

Does your child switch hands from: _____ Eating _____ Pencil use
_____ Ball throwing _____ Batting

COMMUNICATION

HEARING:

If you have concerns about your child's hearing, please explain: _____

Has your child had frequent ear infections? _____ Yes _____ No

If yes, explain: _____

Has your child had a recent hearing exam? _____ Yes _____ No

If yes, explain: _____

Please check any of the following that your child responds to:

_____ Doorbell or telephone	_____ Speech when facing speaker	_____ Speech from another room
_____ Children playing outside	_____ Speech with back to speaker	_____ Whispered speech
_____ Truck or motorcycle outside	_____ Speech on TV	

SPEECH AND LANGUAGE:

If you have concerns about your child's speech and language, please explain: _____

My child: (please check those that apply to your child)

_____ drools

_____ babbled or cooed during the first 6 months of age

_____ spoke the first words with meaning by approximately one year of age

_____ spoke in short sentences by approximately 2 ½ years of age

_____ spoke in complete sentences by 4 years of age

_____ began to babble or talk and then stopped

My child uses speech: _____ Frequently _____ Occasionally _____ Never

Comment: _____

Give an example of your child's typical speech: _____

If your child uses other forms of communication, such as a communication board or sign language, please explain:

Which of the following is most typical of your child's ability to understand speech? (**check only one**)

_____ Does not understand what is said

_____ Understands very little of what is said

_____ Understands what is said when speaker gestures

_____ Understands familiar statements or questions

_____ Clearly understands everything said

What of the following is most typical of your child's ability to communicate? (**check only one**)

_____ Does not use speech or gestures to communicate

_____ Uses gestures or motions but no speech

_____ Uses babbling sounds but doesn't try to talk

_____ Uses sounds when trying to talk

_____ Uses speech, primarily single words

_____ Uses sentences that are understood by the family but not by others

_____ Uses sentences that can be understood by others

_____ Speech is clearly understandable

SOCIAL AND COGNITIVE DEVELOPMENT

SOCIAL BEHAVIOR:

If you have concerns about your child's social interaction with others, please explain: _____

Please check any of the following that apply to your child. My child:

- | | |
|--|---|
| <input type="checkbox"/> Smiles | <input type="checkbox"/> Likes to be held and cuddled |
| <input type="checkbox"/> Laughs spontaneously | <input type="checkbox"/> Recognizes familiar people |
| <input type="checkbox"/> Cries | <input type="checkbox"/> Makes eye contact |
| <input type="checkbox"/> Reaches to be picked up | <input type="checkbox"/> Separates easily from me |

Describe your child's favorite toys and activities: _____

Describe how your child plays with toys (i.e., length of play, supervised or unattended, pretends with objects):

Describe how your child interacts with other children:

Describe how you discipline your child:

How does your child respond to discipline?

COGNITIVE BEHAVIOR

If you have concerns for your child's learning ability, please explain:

My child (please check all that apply to your child):

- | | | |
|---|--|--|
| <input type="checkbox"/> Plays peek-a-boo | <input type="checkbox"/> Uses scissors | <input type="checkbox"/> Puts puzzles together |
| <input type="checkbox"/> Plays pat-a-cake | <input type="checkbox"/> Identifies colors | <input type="checkbox"/> Uses pencil or crayon |
| <input type="checkbox"/> Waves bye-bye | <input type="checkbox"/> Looks at books | <input type="checkbox"/> Identifies letters |
| <input type="checkbox"/> Responds to "No" | <input type="checkbox"/> Stacks blocks | <input type="checkbox"/> Identifies number |

Please explain why you and your child would like to participate in the Preschool Inclusion Program:

I understand that my child is being considered for admittance into the LEEP Inclusion Program. Requirements include that your child turn three (3) by September. 1st of the school year he or she is applying for. Your child will need to be toilet trained and have age appropriate speech and language development.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PLEASE RETURN THIS FORM TO:

LYNN SLAPSYS
LONDONDERRY EARLY EDUCATION PROGRAM
MOOSE HILL SCHOOL
150 PILLSBURY ROAD
LONDONDERRY, NH 03053