Dear Parents/Guardians:

Thank you for your interest in the Newtown Public Schools Preschool Program. This program offers quality educational services to children who have disabilities and to typically developing peers, also referred to as “Play Partners.” In addition to receiving instruction according to the preschool curriculum, Play Partners provide role modeling to students with special needs. For the 2019-2020 school year, this program is available at a rate of $2200 for a ½ day four-day program. Play Partners attend preschool for morning sessions or afternoon sessions on four days per week. Our program runs Mondays through Thursdays. Morning sessions run from 9:00 to 11:45. Afternoon sessions run from 12:45 to 3:30. For the 2019/20 school year our preschool program will be based at Sandy Hook Elementary School in Newtown. We will have an open house on Friday, February 15th, 2019 at 2pm at Sandy Hook School to provide information and a tour for parents interested in learning about our program.

If you are interested in applying for your child to be a Play Partner, please complete the attached questionnaire and return it by March 1, 2019 to the following address:
Newtown Pupil Services
Attn. Preschool Application Process
3 Primrose Street
Newtown, Connecticut 06470

*Please do not send to Preschool at Sandy Hook Elementary.*

Following receipt of your application, the preschool team will contact you to invite your child to participate in a forty five minute group activity to be scheduled for the morning of Friday, March 15, 2019 or Friday, March 22, 2019 at Sandy Hook Elementary School. A preschool staff member will call you prior to the play session to confirm the date for your child.

Play Partners provide role modeling to students with disabilities. Therefore, it’s important for the preschool team to screen applicants for the lottery to ensure they consistently demonstrate age appropriate language skills, appropriate social and emotional development, good self-help skills, and play skills appropriate for the child’s age. The lottery results will be provided to parents in letters mailed by April 1st, 2019. Play Partners are also required to be toilet-trained before they are admitted to the program and to have their third birthday before July 15, 2019.

If you or the preschool team have any questions or concerns about your child’s development in any of the above domains, rather than moving your child’s application forward as a Play Partner, it may be more appropriate to discuss your concerns, provide you with specific information regarding early childhood development, and/or complete an evaluation.

Please feel free to call Lauren Offutt, School Psychologist, at (203) 426-7683, if you have any questions.

Warmest Regards,

Dr. Paula Grayson

Dr. Paula Grayson
Supervisor Pupil Services
This a preschool program offered by the Newtown Public Schools services children with special education needs, as well as typically developing children. The program is designed according to the State of Connecticut Preschool Curriculum Framework. Please fill out this questionnaire to the best of your ability. The intent is to help us get to know your child. There are no “right or wrong” answers. Thank you for sharing this information with us.

Child’s Name: ___________________________________________ DOB ______________ Gender: ___________________

Parent’s Names: ___________________________________________ Today’s Date

Address: _________________________________________________________________

Home Telephone: _____________________ Cell _________________________

What language did your child learn to speak first?

_________________________________________________

What is the primary language spoken in your child’s home?

_________________________________________________

How does your child interact with other children?

_________________________________________________

_________________________________________________

What kind of activities does your child choose to do during the day?

_________________________________________________

_________________________________________________

Does your child initiate appropriate activities alone or does he or she wait for adult direction?

_________________________________________________

_________________________________________________
Please list any activities that your child participates in the community (Example: story hour at library, music class, gym class, swimming etc)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

How does your child adapt to changes in activity or location?

____________________________________________________________________________________

____________________________________________________________________________________

How does your child respond when frustrated?

____________________________________________________________________________________

____________________________________________________________________________________

Please describe how you handle discipline in your home.

____________________________________________________________________________________

____________________________________________________________________________________

How would you describe your child’s personality (strengths, weaknesses and/or challenges)?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please check what best describes your child’s independence with the following routine activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Full Assistance</th>
<th>Some Assistance</th>
<th>No Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning up toys</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Following directions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in daily routines (sitting for meal time, getting ready to leave the house)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Is there anything else that you would like to tell us about your child? _____________________________
____________________________________________________________________________________
___________________________________________________________________________________

PLEASE RETURN THIS COMPLETED QUESTIONNAIRE BY MARCH 1st, 2019 to:

    Newtown Pupil Services
    Attn. Preschool Application Process
    3 Primrose Street
    Newtown, Connecticut 06470

Tel (203) 426-7626 • Fax: (203) 270-6185