



**NEWTOWN PUBLIC SCHOOLS**  
**3 Primrose Street • Newtown, CT 06470**

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 2017-2018 school year, this program is available at a rate of \$2000 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 2017/18 school year our preschool program will be based at Sandy Hook Elementary School in Newtown.

If you are interested in applying for your child to be a Play Partner, please complete the attached questionnaire and return it by **January 30th, 2017** to the following address:

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

Following receipt of your application, the preschool team will contact you to invite your child to participate in a half hour group activity to be scheduled for the morning of Friday, February 10th, 2017 or Friday, February 17th, 2017 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 March 1st, 2017. Play Partners are also required to be toilet-trained before they are admitted to the program and to have their third birthday before August 15, 2017.

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  
Preschool Application Process

3 Primrose Street  
Newtown, Connecticut 06470

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

## PRESCHOOL PARENT QUESTIONNAIRE

This a preschool program offered by the Newtown Public Schools servicing 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?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

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How does your child respond when frustrated? \_\_\_\_\_

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Please describe how you handle discipline in your home \_\_\_\_\_

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How would you describe your child's personality? \_\_\_\_\_

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

	Full Assistance	Some Assistance	No Assistance
Cleaning up toys			
Taking responsibility for their own belongings			
Toileting			
Managing their outer clothing			

Describe your family's cultural holidays, celebration and/or practices. \_\_\_\_\_

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Is there anything else that you would like to tell us about your child? \_\_\_\_\_

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***PLEASE RETURN THIS COMPLETED QUESTIONNAIRE BY JANUARY 30th, 2017  
TO THE ABOVE ADDRESS***