



Joanne Jordan, Principal

Roland Green Preschool

29 Dean Street, Mansfield, Massachusetts 02048 (508)261-1561/Fax (508)261-7415

2017-2018 Peer Model Enrollment Application

Roland Green Preschool is a part of the Mansfield Public School district in Mansfield MA that educates both special education students along with regular education students (Peer Models) in integrated classrooms. We have five integrated classrooms and one self-contained special education classroom with all classes taught by highly educated staff. The Roland Green teaching staff is all state certified Special Education teachers with each having a Masters in Education along with various concentrations such as reading, BCBA, early childhood, etc. We hope you will request enrollment in our wonderful program.

- Peer model students are accepted at the Roland Green Preschool based on the following criteria:
 - The child is at least three years old.
 - The child is toilet trained at the time of enrollment.
 - The child is motivated, participates and is amenable to adult direction.
 - Speech intelligibility: 80% of speech is intelligible during out-of-context conversations.
 - The child can answer “wh” type questions appropriately.
 - Cutting skills are age appropriate.
 - Age appropriate self-help and social skills are observed.
- On the other side of this form is the **Application** that must be completed and returned.
- A 2-sided **Parent Rating Form** is attached to this document and does need to be completed and returned.
- Please let us know if your child has ever been evaluated through an agency or privately or through a school department? YES ___ OR NO ___
It would be helpful to provide copies of any evaluation information that you have to assist us in knowing your child as well as possible.
- All of these forms should be returned to the (by mail or email or fax)
Roland Green Preschool, Joanne Jordan, Principal
29 DEAN STREET, MANSFIELD, MA 02048 fax# 508-261-7415
Email: julia.mitchell@mansfieldschools.com
- The special education teachers will review all the information on the screened applicant and determine if the child is an appropriate peer model.
- Once we have received your application you will hear from us with an acceptance reply as soon as possible.
 - FYI: New School Year applications before March: we hold onto applications and contact parents around March to schedule a group screening in or around the month of April
- The Roland Green office will notify you by mail/email with that decision and if appropriate with a request for your choice of program and for a deposit to hold the applicants spot in a classroom.
- *Placement is based on eligibility and availability*

Date Form Received: _____ Scheduled: _____

PRESCHOOL RATES FOR PEER MODELS (As outlined above - September 2017 through June 2018
Rates are fixed with no adjustment made for student absences. (Subject to change with notice)



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Child's Name: _____ Gender: _____ M _____ F

Address: _____, Mansfield, MA

Date of Birth: ____/____/____ Place of Birth: _____ Sibling? _____

Parents/Guardian: _____

Telephone Number: (H) _____ Cell: _____

Email Address: _____

Please rank your 1st, 2nd, and 3rd preference of preschool session

<u>PROGRAM</u>	<u>DAYS</u>	<u>SCHEDULE</u>	<u>COST/MO</u>	<u>PREFERENCE</u>
2 DAY MORNING	TUES/THURS	8:30 AM TO 11:00 AM	\$125/MO	
3 DAY MORNING	MON/WED/FRI	8:30 AM TO 11:00 AM	\$180/MO	
3 DAY MORNING + WITH LUNCH BUNCH	MON/WED/FRI	8:30 AM TO 12:00 PM	\$240/MO	
3 DAY AFTERNOON	MON/WED/FRI	12:00 PM TO 2:30 PM	\$180/MO	
3 DAY AFTERNOON+ WITH LUNCH BUNCH	MON/WED/FRI	11:00 AM TO 2:30 PM	\$210/MO	
3 DAY FULL DAY MUST BE 4 YRS OLD	MON/WED/FRI	8:30 AM TO 2:30 PM	\$420/MO	
5 DAY MORNING	MON/TUE/WED/THURS/FRI	8:30 AM TO 11:00 AM	\$305/MO	
5 DAY MORNING + 4 DAY LUNCH BUNCH	MON/TUE/WED/THURS/FRI	8:30 AM TO 12:00 PM M/T/W/F 8:30 AM TO 11:00 AM THURSDAY	\$382/MO	

Signature of Parent Date

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THIS IS A 2 SIDED FORM

TODAY'S DATE: _____

As a parent, you have pertinent data that is helpful in determining placement and assisting in school planning for your child. You can help supply some of this data by responding to the items below.

Child's Name _____ Date of Birth: _____ Place of Birth _____ Age: _____

Address: _____ Home Telephone Number: _____

Parents' Name: _____

DIRECTIONS: Read each item and check the column ("No", "Uncertain" or "Yes") on the right that best applies to your child. For questions marked with an asterisk (*), if you answer "No" or "Uncertain", please explain any condition or problems on a separate piece of paper.

Personal/Speech

Yes	No	Uncertain	Can your child identify objects by use?	Yes	No	Uncertain	Does your child use plurals, personal pronouns and negatives?
Yes	No	Uncertain	Can your child identify items in a category?				
Yes	No	Uncertain	Can your child follow a 2-part command?	Yes	No	Uncertain	Will your child state his first and last name?
Yes	No	Uncertain	Can your child understand simple pronoun use (I, he, she, they)?	Yes	No	Uncertain	Does your child refer to him/herself as "I"?
Yes	No	Uncertain	Can your child answer questions related to what	Yes	No	Uncertain	Does your child know his age?
Yes	No	Uncertain	Does your child know what to do when you are hungry? tired? Cold? Etc.?	Yes	No	Uncertain	Does your child consistently pronounce following sounds correctly: m, n, p, h, w?
Yes	No	Uncertain	Is your child's sentence length at least 3 to 4 words?				

Academic Readiness

Yes	No	Uncertain	Does your child count by rote to ten?	Yes	No	Uncertain	Does your child understand stories read to him/her?
Yes	No	Uncertain	Does your child demonstrate the concept of giving two, three, five?	Yes	No	Uncertain	Does your child try to read books from memory?
Yes	No	Uncertain	Does your child point to and name pictures in a book?	Yes	No	Uncertain	Does your child recognize his/her name in print?
Yes	No	Uncertain	Does your child understand action pictures in books?				



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Child's Name: _____ DOB: _____

Visual/Fine Motor Skills

Yes	No	Uncertain	Does your child consistently use the same hand?	Yes	No	Uncertain	Does your child try to stay within the line coloring a picture with crayons?
Yes	No	Uncertain	Does your child draw pictures that are recognizable?	Yes	No	Uncertain	Does your child use scissors to cut paper?
				Yes	No	Uncertain	Does your child assemble inset puzzles of 5 to 10 pieces.

Self-Help Skills

Yes	No	Uncertain	Does your child wash and dry his/her hands without help?	Yes	No	Uncertain	Does your child totally care for toileting needs?
Yes	No	Uncertain	Does your child undress without help?	Yes	No	Uncertain	Does your child hold glass with one hand while drinking?
Yes	No	Uncertain	Does your child button clothing?				

Social/Emotional/Self –Reliance

Yes	No	Uncertain	Does your child greet others appropriately?	Yes	No	Uncertain	Does your child make an effort to solve problems before seeking help?
Yes	No	Uncertain	Does your child play well with at least 1 child?	Yes	No	Uncertain	Does your child continue an activity without constant encouragement and attention?
Yes	No	Uncertain	Does your child show concern for using materials safely and appropriately?	Yes	No	Uncertain	Does your child accept limits set by adults?
Yes	No	Uncertain	Does your child engage in new activities willingly?	Yes	No	Uncertain	Does your child reflect a happy disposition?

Health/Physical

Yes	No	Uncertain	Does your child pedal and steer a tricycle a distance of 10 feet?
Yes	No	Uncertain	Does your child usually go up and down stairs without difficulty?
Yes	No	Uncertain	Does your child appear to have good physical health/stamina?