



Cleary School for the Deaf

301 Smithtown Boulevard, Nesconset, New York 11767-2077
www.clearyschool.org

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631-588-0016 FAX

January 7.2022

Dear Parent/Guardian,

Cleary School for the Deaf is currently accepting applications for typically developing children without hearing loss to attend the integrated preschool classes. These classes consist of children with and without hearing loss, with the goal to prepare all children for kindergarten. Research shows that most of what children learn in the classroom is learned through listening. Our program, which follows a developmental model, focuses on developing strong listening and language skills as well as the kindergarten readiness skills necessary for future academic success.

Peer interaction is crucial in the preschool years. In our integrated classrooms students with hearing loss and students without hearing loss are placed together to provide critical peer interaction. In addition, our small class size affords the opportunity for more direct interaction with teachers and staff that benefits both groups of students.

The integrated preschool programs offer:

- Focused preschool education following the NY State Guidelines
- Small student - teacher ratio
- No cost to parents; tuition costs are provided by Cleary School

The preschool programs consist of 3-year-old classes and 4-year-old classes. Both programs run Monday through Friday from 8:45 to 2:30. There are usually only a few openings in each program. All children will be screened for speech and language skills, academic readiness skills and behavior. Those children who best fit the needs of the class will be accepted. There is a 3-month trial period to ensure that placement is appropriate for both the child and the school.

Thank you for your interest in the integrated preschool programs at Cleary School for the Deaf. Attached you will find the application. Please return these completed forms to Cleary School as soon as possible as space is limited. If you have any questions about the programs please feel free to contact me directly.

Sincerely,

Katie Kerzner,
Principal

Application for Cleary School's Hear Role Model Preschool Program

Child's Name _____ Date of Birth _____

Address _____

Mother's name _____ Father's name _____

Siblings and ages _____

Phone: Home _____ Mother's cell _____

Father's cell _____

Mother's email: _____

Father's email: _____

How did you hear about our program? _____

Would your child be able to attend school five days a week? _____

Would your child be able to arrive promptly at 8:45 every day? _____

Is your child up to date on vaccinations? _____

Is your child able to celebrate holidays? _____

Is your child toilet trained? _____

List any preschool/child care experiences your child has had.

List any medical concerns (asthma, allergies, etc.)

Is there anything you would like us to know about your child?

Please answer all of these questions using this rating scale:

1-Always 2-Most of the Time 3-Sometimes 4-Occasionally 5-Seldom 6-Never

Can people easily understand your child's speech? 1 2 3 4 5 6

Is your child able to convey a thought? 1 2 3 4 5 6

Is your child able to use turn taking in conversations? 1 2 3 4 5 6

Is your child able to attend to short stories without pictures? 1 2 3 4 5 6

Can your child wait quietly to speak in a group setting? 1 2 3 4 5 6

Can your child change activities easily when asked? 1 2 3 4 5 6

Does your child engage in pretend play? 1 2 3 4 5 6

Does your child share cooperatively with others? 1 2 3 4 5 6

Would your child participate in an activity that is not his or her choice? 1 2 3 4 5 6

Would your child be able to stop a favorite activity when asked? 1 2 3 4 5 6

Does your child accept being corrected? 1 2 3 4 5 6

Please answer these questions: (use the back if needed)

Does your child tend to be passive or dominant in his/her conversations? Explain

How would your child respond to another child that he/she could not understand?

The hearing impaired children in the class may need a lot of repetition. Your child may become bored. In a “circle time” activity, what do you think your child would do while waiting for his/her turn?
