

School Year 2026-2027
Application for Language Peer Models at
Cleary School's Preschool Program

Dear Parent/Guardian,

Cleary School for the Deaf is accepting applications for typically developing children without hearing loss to attend our integrated preschool classes. These classes consist of children with and without hearing loss, with the goal of preparing 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 foster and encourage peer interaction. In addition, our small class size affords the opportunity for more direct interaction with teachers and staff that is beneficial to all students.

The integrated preschool programs offer:

- Focused preschool education following the NY State Early Learning Guidelines
- Small student-teacher ratios
- 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, at thennig@clearyschool.org as soon as possible, as space is limited. We will contact you with the days and times for the screening process, once scheduled. If you have any questions about the programs, please feel free to contact me directly.

Sincerely,



Tracey Henning, M.A., CCC-SLP, LSLS Cert. AVT
Listening and Spoken Language Program Coordinator
Cleary School for the Deaf

Application for Language Role Models at Cleary School's Preschool Program

Child's Name _____ Date of Birth _____

Address _____

Mother's name _____ Father's name _____

Mother's cell _____ Father's cell _____

Phone: Home _____

Mother's email address: _____

Father's email address: _____

Siblings and ages _____

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 by 8:45 every day? _____

Are you able to provide documentation for all required immunizations? _____

Is your child toilet trained? _____

Does your child receive, or have they received in the past, any early intervention or support services for delays in speech, motor, or educational skills?

List any preschool/childcare 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 listen 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 willingly 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 as much space as needed)

Does your child tend to be passive or dominant in his/her conversations/interactions with others? Please explain:

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

Please return these completed forms to Cleary School at thenning@clearyschool.org