



Integrated Preschool Program

The Murfreesboro City Schools Integrated Preschool is a program that offers preschoolers, with and without disabilities, challenging experiences through a language-based curriculum. The integrated preschool classroom is a structured teaching environment where children with special needs and peer models learn together in a classroom that is staffed with one special education teacher and two education assistants.

Sites & Program Times

Integrated Preschool will be offered at several elementary schools in the 2024-25 school year. School sites will be determined based on enrollment. Parents will have the opportunity to prioritize the schools for placement during the screening process. The days and hours of the program are Monday-Friday 7:30-2:30 or 8:30-3:30 based on school sites.

Application Timeline

Applications are due by Friday, February 23, 2024. Applications may be delivered to Northfield Elementary School, attention Roxana Dove, or may be returned via email at integrated.preschool@cityschools.net or faxed Roxana Dove at 615-898-7158. Northfield Elementary School is located at 550 W Northfield Blvd. Murfreesboro, TN 37129.



Please read the following application packet carefully.

Integrated Preschool Program

Murfreesboro City Schools currently has 11 integrated preschool classrooms located in 5 schools within city limits. These classes are special education classes for children ages 3-5. Peer models are placed at each site to serve as role models and peer helpers to children with special needs. The integrated preschool classroom is a structured teaching environment where children with special needs and peer models learn together in a classroom that is staffed with one special education teacher and two education assistants. The interdisciplinary early childhood curriculum aims to synthesize research-based approaches in four domains of learning: mathematics, science, literacy, and social-emotional development. The curriculum consists of 6 units that focus on supporting children's development in ten comprehensive thinking processes, which are applicable across all four domains: cooperating, comparing/classifying, communication, curiosity, imagination, observing, self-regulation, reasoning/problem solving, making sense, and using tools strategically.

Murfreesboro City Schools cannot provide any special education services to peer models in the preschool program. This includes speech therapy. The peer model application process is not intended for special needs students with a current IEP or for students who have been referred for special education services. This program may not be appropriate for children who have not previously participated in any type of childcare program.

Hours are determined according to each school's schedule. Times for lunch, snacks and naps will be a part of the child's daily schedule. Parents are responsible for transportation to and from the program and children must be picked up at the designated time. The Extended School Program (ESP) is available for typical peers.

To be accepted as a peer model, the following criteria must be met:

- Children must be 4 years of age, but not yet 5 by August 15, 2024. Children who are 5 on or before August 15, 2024 are eligible for kindergarten and not the integrated preschool class.
- Children must be completely toilet trained in order to be considered as a peer model.
- Children must speak clearly and be easily understood in order to model appropriate speech and language as a peer model.
- All peer models must score in the average range on the developmental screening conducted by our staff. Children are screened for age-appropriate developmental and school readiness skills. These screenings will take place Tuesday, March 5th from 1:00-5:00 PM, Thursday, March 7th from 3:00 – 5:00 PM, and Saturday March 9th from 9:00 AM-12:00 PM.

After the completed application is turned in by the due date, an appointment for screening must be made through the Sign-up Genius website. A link will be emailed to you when the application is received. All screenings will take place at Northfield Elementary School. **Your application must be submitted before you sign-up for a screening appointment.**



Guidelines for the Preschool Program:

- Daily attendance is required.
- Parents must have their children at the program on time and pick them up at the designated time. Before and after school care is available for typical peer models.
- The Tennessee Health Record Form is required for all children documenting their immunization history. A copy of the child's certified birth certificate is also required and will need to be presented at the time of enrollment.
- If at any time it becomes evident that this is not an appropriate setting for a child, the parent will be asked to remove him/her from the program.
- After the initial adjustment period, the child may be removed from the program if they demonstrate a pattern of inappropriate behaviors.

Inappropriate behaviors may include the following, but not limited to:

- Tantrum Screaming/Excessive Crying
- Hitting
- Biting
- Pushing Throwing items
- Verbal or physical aggression toward peers or adults
- Non-compliance with adult directives
- Derogatory language toward peers or adults
- Refusal to interact with another child
- Refusal to participate in required activities
- Refusal to go to time-out without assistance

Inappropriate behaviors will be documented. If a pattern becomes evident, parents will be provided with documentation of these behaviors.

Tuition Fees & Other Costs

- There will be a \$300.00 monthly tuition fee for attendance as a peer model in the integrated preschool program. Tuition is due to the school by the 1st of each month. The fee may be paid by semester or for the entire school year. The first fee is due at the time of enrollment.
- Additional costs for the program could include daily breakfast and lunch as well as fees for special field trips and activities as they occur throughout the year.



MURFREESBORO CITY SCHOOLS 2024-2025 PEER MODEL APPLICATION

Child's full name_____

Date of birth_____

(Must be 4 by August 15, 2024)

What does your child like to be called? _____

FAMILY:

Parent name_____Parent name_____

Street Address_____Street Address_____

City/Zip_____City/Zip_____

Where employed_____Where Employed_____

Home Phone_____Home Phone_____

Cell Phone_____Cell Phone_____

Email_____

Other children in the family:

Name	School
_____	_____
_____	_____
_____	_____
_____	_____

Is this a child or grandchild of a Murfreesboro City Schools Employee?

Staff member's name:_____Position_____

Relationship to child:_____Work location:_____

Child's Name: _____

TRANSPORTATION:

List other adults to whom your child may be released, the relationship to your child, and a phone number where they may be reached.

_____	_____
_____	_____
_____	_____

EMERGENCY INFORMATION:

Person authorized to act for the parent in an emergency _____

Address _____ Home phone _____

Work phone _____ Cell phone _____

Name of physician _____ Office phone _____

**EATING
HABITS:**

Favorite Foods _____

Disliked Foods _____

Food Allergies _____

SPEECH AND PHYSICAL GROWTH:

At what age did your child speak in complete sentences? _____

Crawl? _____

Walk? _____

Is your child's speech easily understood by others?__ Is your child on any medications? _____

If so, please list: _____

Does your child have a current IEP or Service Plan?

Yes _____ **No** _____

BEHAVIORAL:

Does your child have frequent temper tantrums? _____

How long do they last? _____

How often do they occur?

Can you tell what starts them? _____

If so, please give examples _____

What helps him/her to calm down? _____

Would you describe your child as:

Under Active? _____

Active? _____

Overly Active? _____

Give other information you feel like we should know about your child: _____

PRESCHOOL CHECKLIST

Read each item and think about your child's present behavior. Please place a check in the column that best fits your child's behavior. THERE ARE NO RIGHT OR WRONG ANSWERS. If your child is in daycare, please have your daycare provider fill out this form; if not, the parent should complete this form.

Completed by: _____ Date: _____

Skill	Please check how often		
	Never	Sometimes	Very Often
Follows directions given by adults.			
Participates in organized group activities.			
Ask permission before using other's property.			
Responds appropriately when hit or pushed by other children.			
Controls temper in conflict situations with parent or teacher.			
Controls temper when arguing with other children.			
Follows rules when playing with others.			
Shows interest in a variety of things.			
Entertains self, at least 5 minutes.			
Attends to story from book.			
Makes friends easily.			
Puts away toys when asked.			
Waits turns in games or other activities.			
Joins group activities without being asked.			
Communicates problems to you.			
Speaks in an appropriate tone of voice.			
Speech is easily understood by others.			
Answers who, what, where questions.			
Eats with a spoon or fork.			
Indicates need to use the restroom.			
Uses toilet independently.			
Washes hands independently.			
Puts on / takes off clothing independently.			
Easily adapts to new situations.			
Separates easily from parent / caregiver.			

If your child attends a preschool or daycare, please have this form completed by someone who works directly with your child. *If your child does not attend a preschool or daycare, this form should be completed by a parent or caretaker. Return this with your referral packet.*

PRESCHOOL/DAYCARE TEACHER INPUT

Speech and Language Development

Student _____

Preschool _____

Your observations and input concerning the above preschooler will help determine whether a speech or language difference adversely affects his/her performance in the preschool setting

How long has the student attended your facility? _____

Does he/she interact appropriately with children of the same age? ____ Yes ____ No

Explain/Comment: _____

Is the child's speech difficult for you to understand? ____ Yes ____ No

Explain/Comment: _____

Can you understand him/her even though there are some sounds that are in error? ____ Yes ____ No

Example: _____

Does the child seem frustrated when you cannot understand what is being said? ____ Yes ____ No

Explain/Example: _____

Has the child's speech and language improved since attending your facility? ____ Yes ____ No

Explain/Example: _____

Does the child typically use two or three word phrases/sentences? ____ Yes ____ No

Explain/Example: _____

How does the child make his/her wants and needs known in the daycare/preschool setting?

- ____ signs and gestures
- ____ screams or cries
- ____ pulls or leads caregiver to desired items
- ____ shows pictures
- ____ gets desired item without assistance
- ____ uses single words
- ____ uses short phrases
- ____ uses complete sentences

Please comment on any items which will help us better understand the child's communication in your setting.

Signature of Person Completing Form

Date

FAX OR RETURN TO Roxana Dove by fax (615) 898-7158, email Integrated.Preschool@cityschools.net or
by mail 550 W Northfield Blvd. Murfreesboro, TN 37129 ATTN: Roxana Dove
*By Friday, February 23, 2024

I have read the Preschool Program Summary and understand I will be notified when openings occur. I understand this application does not guarantee that my child will be selected to participate in the Murfreesboro City Schools Integrated Preschool Program.

Signature

Date

For office use only:

Date application received: _____ Screened: _____