



The Harold Lewis Center Peer Model Program

The Harold Lewis Center provides early childhood education for young children with disabilities. Individualized programs and services are developed for each eligible child and may include Speech Therapy, Physical Therapy, Occupational Therapy, and/or Adapted Physical Education to meet the identified needs of the child. The preschool program provides educational programs for children from three to five years of age using developmentally appropriate practice. The concept of developmentally appropriate implies that activities are individually planned according to each child's age, ability level, and method of learning. Young children learn best through play. Learning activities and materials are real, "hands on", and relevant to the lives of young children. The preschool curriculum is aligned with the Pre-K Academic Content Standards developed by the Ohio Department of Education.

The Harold Lewis Center welcomes peer models as well. Peer models are typically developing children age 3 to 5 displaying strong skills in socialization/leadership, communication/language skills, and are toilet trained. Peer models should also be able to independently listen and follow teacher direction and interact with peers using cooperative play strategies within the classroom environment. The intent is for the child with special needs to learn appropriate language and social behavior from the peer model, while the peer model learns about disabilities and how children with delays are more like themselves than they are different.

This program is a 4 day-a-week half day program. Transportation is provided within Union County. Peer models pay a monthly fee for supplies and transportation as determined annually by the Union County Board of DD.

Other eligibility factors for enrollment of peer models:

1. Age 3 to 5 years, be below six years of age on the thirtieth day of September.
2. Availability of space. If all peer spots are filled a waitlist will be created.
3. Selection determined by the following rank order
 - a. sibling of current enrollee
 - b. child/sibling of Union County Board of DD Staff Member
 - c. children selected from the community
4. Provision of a record of immunizations, verification of birth and a medical exam.

If you have any questions, please contact the Harold Lewis Center at (937) 645-6714.



**Intake Form for the Harold Lewis Center
Preschool Peer Model Program**

Child's Name: _____ Nick Name: _____

Date of Birth: _____ Male Female

Parent(s) Names: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Class Preference: AM 8:30 – 11:15 PM 12:00 – 2:45 No Preference

Other preschool or group experiences: _____

How does your child separate from parents: _____

Is your child the sibling of a current enrollee in our program? If so, who? _____

Please list your child's allergies: _____

Please complete the following checklist. Check all items that describe your child.

- Eats and drinks independently
- Dresses self except shoes
- Independent with toileting needs (may need help with difficult snaps)
- Verbally interacts with peers in a play situation
- Speech is clear and understandable by unfamiliar adults
- Responds to simple questions
- Can follow simple directions
- Speaks in sentences
- Shows understanding of how things work by turning things on/off, activating a variety of toys, or directing adults to do so
- Independently picks up small toys
- Uses toys and objects appropriately
- Uses imagination in play
- Will share toys and cooperate in play
- Takes turns with minimal assistance

Please describe your child's strengths _____

Please describe your child's weaknesses _____

What are your child's interests? _____

Is your child a leader or a follower? _____

How does your child respond to directions given from an adult? _____

How do you predict your child will react in the classroom (i.e. shy, outgoing, quiet)? _____

How does your child interact with other children his/her age? _____

Why would you like your child to be enrolled as a peer model? _____

Is there any other information that you would like to share with us about your child? _____

How did you learn about our program? _____

Date form was completed: _____

For office use only

Date Received: _____

Received by: _____