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## Demonstration Preschool Overview

The Demonstration Preschool (DPS) at Project Enlightenment is an inclusive therapeutic program designed for four-year-old children who are not yet kindergarten eligible. The goal is to help each child appreciate and maximize his/her capabilities while promoting appropriate social, emotional, cognitive, language and motor skills. The professional staff consists of a preschool coordinator, teacher, and teacher's assistant. University interns also participate in the program to learn about working with young children. The classroom currently serves fifteen children.

Approximately half of the children are "referred" and need therapeutic support to be successful in a classroom. These children have been identified as having needs in social-emotional and/or behavioral skill development and may experience difficulties in other areas such as speech/language, motor or learning abilities. The other half of the children are "non-referred" and are typically developing with no indication of a special need. Parents indicate which classification is applicable to their child on the application form and provide supporting documentation as needed. Children who are eligible for kindergarten cannot be considered for DPS placement. If a child is receiving services through the Wake County Public School System Preschool Services and has a current Individualized Education Program (IEP), the services can continue with a DPS placement. However, the DPS is not an appropriate placement if a half-day or full-day special education classroom is recommended in the IEP.

The DPS program emphasizes that children "learn by doing." The instructional focus is based on early learning standards for North Carolina preschoolers, adopted by the North Carolina Department of Public Instruction. The classroom is organized into centers such as: the construction center, pretend play, a creation station, music, a discovery center and a literacy center. The schedule typically includes a morning meeting to begin the day, free play time, clean-up, snack, outdoor play time and a literacy circle time. Small group activities are provided for movement education and Discovery Time.

A strong parent-teacher partnership is an integral aspect of the DPS program. The classroom has an observation booth and parents are encouraged to participate in regularly scheduled observations of the classroom. Workshops are available for a nominal fee through the Project Enlightenment Parent Workshop series. Parents are also encouraged to volunteer in the classroom, attend parent-teacher conferences, and participate in Family School Partnership Day activities.

In addition to helping children and their families, the DPS is designed to demonstrate effective research based best practices and activities. Teachers, early childhood educators, care providers and others interested in young children can schedule a guided observation of the classroom and of the teachers at work. An observation booth is available for this purpose.

- ◆ The DPS is part of the Wake County Public School System but is also supported by tuition fees and additional funds from a variety of sources.
- ◆ Monthly tuition fee is \$250. Tuition assistance is available. Please indicate on the application if this is needed.
- ◆ Hours are currently 8:30-12:30 Monday through Friday.
- ◆ **Children must be four years old on or before August 31<sup>st</sup> of the year they are entering.**
- ◆ Applications are accepted beginning in March for the following school year.
- ◆ Enrollment decisions are made by the middle of April.

**PROJECT ENLIGHTENMENT  
DEMONSTRATION PRESCHOOL 2021-2022  
APPLICATION**

Date of Application: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
( Last First Middle ) (Month Date Year)

Child's Address: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Other children in the family:

Name	Age	Sex	Name of Current School
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Has your child had previous group experience (preschool, childcare, play groups)? Please list: \_\_\_\_\_  
\_\_\_\_\_

To help us know a little about your child, please check the behaviors that describe your child at this time:

- |  |   |
|--|---|
| <input type="checkbox"/> Enjoys a variety of play experiences (pretend games, free-play) | <input type="checkbox"/> Quiet/reserved                                     |
| <input type="checkbox"/> Prefers active play   | <input type="checkbox"/> Can care for own daily needs (feed, toilet, dress) |
| <input type="checkbox"/> Prefers to play alone   | <input type="checkbox"/> Follows directions easily                          |
| <input type="checkbox"/> Will join play after an initial warm-up time and/or observing   | <input type="checkbox"/> Prefers to direct others in play                   |
| <input type="checkbox"/> Initiates play with other children                              | <input type="checkbox"/> Expresses wants, ideas and feelings with words     |
| <input type="checkbox"/> Works/plays well independently                                  | <input type="checkbox"/> Can separate easily from parents                   |
| <input type="checkbox"/> Makes transitions easily/ easily adapts to change               | <input type="checkbox"/> Invites other children to play                     |
| <input type="checkbox"/> Active/outgoing   | <input type="checkbox"/> Takes turns and shares                             |

Have you or your child had previous contact with Project Enlightenment?  Yes  No

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(over)

Does your child have any special physical, emotional or medical needs? If so, please explain: \_\_\_\_\_

Do you have any concerns about your child's development or behavior? If so, please describe your concerns:

Has child received any Early Intervention, private therapies, or Wake County Public School System Special Program Services (e.g., *speech/language therapy, occupational therapy, classroom support*)?  Yes  No  
If yes, please describe:

List any agency(ies) you have worked with:

1. \_\_\_\_\_
2. \_\_\_\_\_

**If your child has had previous screenings, evaluations or relevant services, please attach written reports if available. If an IEP has been developed, please attach a copy.**

Will your child need:  Non-Referred Position  Referred Position  
(See *Demonstration Preschool Overview sheet* for description of these categories.)

Will you be requesting tuition assistance?  Yes  No

Are you applying for/interested in Title I or another Pre-Kindergarten program? :  Yes  No

How did you hear of us? \_\_\_\_\_

Reason for Application/ How will your child and family benefit from the DPS? (Use *additional sheet* if necessary.)

