

Community Friends Preschool Program San Marcos Unified School District

Thank you for your interest in the San Marcos Unified School District’s Community Friends Preschool Program. Our program is currently accepting applications for participants to join the 2020-21 school year. A “community friend” or “reverse mainstreamer” is a child residing within district boundaries who displays developmentally appropriate skills, including self-help, behavior, speech/language, and social skills, for the purpose of modeling skills for our students with special needs.

Requirements for Community Friends:

- 3-4 years old
- Age-appropriate speech-language skills (i.e., makes verbal greetings, participates in conversation by asking questions or making comments with adults and peers, speech is clear and understandable by an unfamiliar person)
- Age-appropriate play skills (i.e., initiates play, demonstrates pretend play, demonstrates partner play, and follows directions)
- Age-appropriate cognitive skills (i.e., independent self-help skills, follows a classroom routine with minimal prompting, able to help peers, follows through with a plan)
- Toilet trained
- Resides within district boundaries
- Current immunizations

Program Hours:

- Morning (8:25-11:25 am)
- Afternoon (12:10-3:10 pm)
- Days: Monday, Tuesday, Thursday, Friday

Selection Process:

The selection to participate in the program will be based entirely on a child’s role model abilities (social interactions, language skills, and behavior). Potential candidates will be screened by our educational team during their scheduled Classroom-Based Trial (CBT) in order to determine mutual benefit. Selected candidates will be notified within a week following the trial. At this time, the school site, teacher assignment, and program time (morning or afternoon) will be provided. Applicants are not guaranteed a certain school site or time of day, but requests will be considered.

Please be aware that Community Friends participants are subject to a trial period to ensure continued mutual benefit. Students are required to show proof of residency within District boundaries and current immunizations upon enrollment in the program and are expected to attend all four days for the full session.

Please sign below indicating that you agree with and understand the requirements and conditions listed above.

Parent Signature

Date

If you have any questions or concerns, please feel free to contact Amanda Carlson at 760-290-2953 or amanda.carlson@smusd.org

Community Friends Application/ Reverse Mainstreamer 2020-21

Child's Name: _____

Parents Name(s): _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact and Phone Number: _____

Child's Date of Birth: _____

Tell Us About Your Child:

- | | |
|---------------------------------|-----------|
| ● Initiates play on own | Yes or No |
| ● Understands waiting | Yes or No |
| ● Follows directions | Yes or No |
| ● Bites or hits in frustration | Yes or No |
| ● Has attended school | Yes or No |
| ● Enjoys socializing | Yes or No |
| ● Communicates clearly | Yes or No |
| ● Able to take turns | Yes or No |
| ● Toilet trained | Yes or No |
| ● Separates easily from parents | Yes or No |
| ● Speaks in 3-4 word sentences | Yes or No |



Special Education
255 Pico Avenue, Suite 250
San Marcos, CA 92069

T 760.752.1299
F 760.471.1898
www.smusd.org

Health Concerns

Any notable health concerns or allergies?

School Experience

Has your child attended a preschool or daycare setting in the past?

Additional Information

Anything you would like our team to know?

Please return application to SMUSD Special Education Department, EEC/ District Office % Amanda Carlson, 255 Pico Avenue, Ste. 150, San Marcos, CA 92069 or email to: amanda.carlson@smusd.org.