

Admissions Criteria & Procedures

Preschool-Age Children who are Deaf or Hard of Hearing

Thank you for considering Clarke Schools for Hearing and Speech/New York for your child's preschool education. Clarke has been a leader in Listening and Spoken Language for children who are deaf or hard of hearing since 1867. With recent advances in early identification and hearing aid and cochlear implant technology, we believe all children who are deaf or hard of hearing have the potential to develop listening and spoken language skills. Our goal is for children to develop those skills on level with their hearing peers and to be educated in the public or private school of their parents' choosing. We believe the only way that goal will be realized is with strong collaboration between the family, the school, and the medical home (audiologist, doctors).

Clarke admits students whose needs can be met by a language rich, academically focused, listening and spoken language (LSL) program. All our classes are for students whose primary diagnosis/disability is hearing loss, who show competency or potential for listening and spoken language learning and communication, and whose needs can be met in the class sizes/ratio of our current offerings. In addition to Clarke's criteria, information in this document should give you a better understanding of NYS Education Department (NYSED) and NYC Department of Education (DOE) requirements.

Children

- ✿ Have reached a minimum age of eligibility according to the district of residence.
 - ✿ Children born between January-June are first eligible on January 2 of the year they turn 3
 - ✿ Children born between July-December are first eligible on July 1 of the year they turn 3
- ✿ There is no specific decibel requirement to attend Clarke, therefore children with any degree of hearing loss and amplification device (hearing aids, cochlear implants, bahas, etc.) are eligible.
- ✿ Use amplification during *all waking hours* as prescribed by the audiologist (data logging reports)
- ✿ Display competency or potential to develop listening and spoken language skills.
- ✿ Have a learning style and management needs that can be addressed in our current class sizes.
- ✿ Have necessary evaluations authorized by the school district of residence (to be eligible for public funding)

Families

- ✿ Committed to a listening and spoken language approach to communication.
- ✿ Be active participants in therapy and school activities.
- ✿ Be committed to ensuring their child attends every day unless the child is sick.
- ✿ Extended family vacations should be taken during break time.
- ✿ Be committed to the use of amplification during all waking hours.
- ✿ Be willing to bring their child to the audiologist and ENT as often as is necessary to insure their child has optimal auditory access.
- ✿ Follow advice and recommendations for the maintenance of amplification equipment, including regular appointments for programming of equipment and evaluations.

Title IX Notice of Nondiscrimination: Clarke Schools does not discriminate based on sex in admission, administration of its educational programs or activities or employment. Clarke Schools is required by Title IX and its implementing regulations at 34 C.F.R. Part 106 not to discriminate based on sex in admission, administration of its educational programs or activities or employment.

Overview

Families come to Clarke in a variety of ways, which will determine the order of the procedures outlined below. All components are a necessary part of the process, ensuring that families get to know Clarke and we get to know the child and family. Required components for admission include:

- 🌱 Completion of application.
- 🌱 Completion of Consent for Release of Information for communication between Clarke and other medical or Early Intervention, Department of Education and/or other professionals who work with the child and family.
- 🌱 Submission of any requested records for review (audiological, educational, psychological, medical)
- 🌱 Family Tour/Interview
- 🌱 Classroom visits by the child (generally 2-3 visits)
- 🌱 Trial Speech Session
- 🌱 Committee on Preschool Special Education (CPSE) Evaluations authorized by the school district of residence.
- 🌱 Approval by the CPSE/district to attend Clarke.

Notes:

- 🌱 *Children who haven't been evaluated for preschool by their school district (CPSE) can be self-referred by calling 311 or can be referred by their EI service coordinator.*
- 🌱 *Children who receive Early Intervention services from Clarke must meet the criteria for the preschool program and follow the same procedures to be considered for admission.*

Upon review of all records and completion of the tour and visits, the admissions team discusses whether the child's needs are best met at Clarke School. The team will also discuss the type of class (integrated or self-contained) that they feel would best meet the child's needs. The family is informed of this decision as soon as possible. If the decision is not to admit a child into Clarke's preschool, information is provided to the family about other programs, communication modalities and resources to assist the family in locating an appropriate placement. Students are admitted upon final written consent of the child's parent/legal guardian and approval of the school district of residence.



Clarke Schools

for Hearing and Speech

2023-2024

Program: ☐Preschool Summer ☐ Preschool Academic School Year

Date _____

Student _____

 Last First Middle Sex _____

Date of Birth _____ Preferred Name _____

FAMILY INFORMATION/ FAMILY HISTORY (please complete in full)

Parent/Guardian 1 _____ Date of Birth _____
 Last First Middle

Address _____ Home Phone _____ Preferred ☐

_____ Cell Phone _____ ☐

Languages _____ Work Phone _____ ☐

E-mail address _____

Parent/Guardian 2 _____ **Date of Birth** _____

Last First Middle

Address _____ Home Phone _____ Preferred ☐

_____ Cell Phone _____ ☐

Languages _____ Work Phone _____ ☐

E-mail address _____

Parents Marital Status: ☐ married ☐ single ☐ separated ☐ divorced ☒ widowed

If separated or divorced, parent with custody: ☐ both ☐ father ☐ mother ☐ legal guardian(s)

If separated or divorced what type of custody: ☐ joint legal ☐ joint physical ☐ sole physical

Note: If your child is enrolled at Clarke, you will need to provide a copy of the legal document that supports custody.

HISTORY: BIRTH, MEDICAL, HEARING LOSS (please complete fully)

Birth Hospital: _____ Child's weight at birth: _____

Pregnancy length: _____ months Birth mother's age at child's birth _____

Pregnancy complications: _____

Was your child a ☐ single birth ☐ one of multiple (twins, triplets, or more)

NICU stay: ☐ Yes ☐ No If yes, describe length and reason: _____

Newborn hearing screening results: ☐ passed ☐ referred (failed) ☐ don't know ☐ not done

If not done or not known, please explain: _____

Has your child had genetic testing and if yes, what were the results? ☐ Yes ☐ No

Has your child had an ABR? ☐ No ☐ Yes At what age? _____

Has your child had audiology behavioral testing? ☐ No ☐ Yes When? _____

What is your child's degree of hearing loss in each ear?

Right: _____ Left: _____

What type of hearing loss does your child have? ☐ Sensorineural ☐ Conductive ☐ Mixed

What amplification is your child currently using (hearing aid, Cis, bahas, etc.)? ☐ None yet

Right: _____ Left: _____

Age first received: _____

What time does your child:

Start using hearing aids/cochlear implants/bahas in the morning _____

Take hearing aids/cochlear implants/bahas off at night _____

Other times/activities when your child doesn't wear hearing aids/cochlear implants/bahas
(example: bath time, nap time) _____

Who does your child see for hearing related needs?

Name	Hospital/Clinic	Phone	Email Address
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Audiologist: _____

ENT/Otologist _____

Other: _____

Does your child have other medical needs or diagnosis? ☐ Yes ☐ No If yes, please explain:

Which medical specialists are involved?

Family Priorities and Needs

Why do you want your child to come to Clarke?

What are your concerns about your child and their hearing loss?

What are your goals for your child's language and communication?

What are your goals for your family while at Clarke?

What will you want Clarke's support to do or learn related to your child's hearing loss?

What other family members or caregivers are involved with your child who should learn about your child's hearing loss and language learning needs?

What questions do you have?

Language/Communication

What languages are used in your home/family?

What words does your child use?

What words does your child understand?

How does your child react when you don't understand what he/she is trying to communicate?

Development

Sleep

When does your child go to bed and wake up? _____

Does he/she sleep through the night? ☐ Yes ☐ No

How many hours, total, does your child sleep during the night? _____

Does your child nap? ☐ Yes ☐ No How many times and for how long? _____

Social Skills/Behavior

Do you have concerns about your child's behavior or social skills? ☐ Yes ☐ No

If yes, please explain. _____

How does your child play or interact with other children their age?

What does your child like to do or play with?

Toileting

Is your child toilet trained? ☐ Yes ☐ No

If not, what age do you think a child should be toilet trained? _____

Eating/Food/Nutrition

Do you have concerns about your child's eating habits or diet? _____

What foods does your child eat? _____

What foods can your child eat independently? _____

Therapy and Intervention History

Type	Receiving?	Therapist name	Frequency of Service
Speech	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Nutrition	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special education	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Psychologist	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Daycare/School Information

Current daycare	
Daycare address	
Daycare phone number	
Current preschool	
School address	
School phone number	

Can we speak to your child's current therapist? ☐ Yes ☐ No

Can we speak to your child's current school? ☐ Yes ☐ No