

NAP PREFERENCE FORM

Please write your child’s name below and initial to indicate your nap preference for the start of the school year.

Child’s name: _____

_____ I/We want our child to nap. Please read and sign below.

_____ I/We do not want our child to nap. You may disregard the remainder of this form.

CAOS staff knows that getting adequate rest is an important part of being ready to learn and play each day. Because of this, nap will continue to be offered to three year olds enrolled in Carle Auditory Oral School and we will continually monitor the napping procedures and napping behaviors of the children who participate. If requested, families can receive daily notification about sleeping behaviors.

Napping behaviors include whether or not the child fell asleep during the allotted naptime, and a description of their behavior during their awake time in the nap room.

Some children fall asleep quickly, and others more slowly. Some children sleep every day, others only sleep one or two times per week. These normal variances are okay as long as behaviors and noise levels do not detract from other students’ ability to fall asleep. As with all processes and procedures at CAOS, nap time management is continually adapted to ensure maximal benefit. Staff will track napping behaviors and if concerns arise, the napper’s family will be consulted to develop a plan moving forward. This plan may include development of a behavior plan for individual children, requests for support from home, or exclusion from nap at CAOS, if warranted.

The nap procedure will be shared at the start of the school year.

I/We understand that we may request a summary of my/our child’s napping behavior.

I/We understand that CAOS staff will provide this summary if they have a concern about my/our child’s napping behaviors.

Parent Signature

Date

Parent Signature

Date