



The Good Shepherd School

1401 Carrollton Avenue • Towson, Maryland 21204 • 410-825-7139 • www.GoodShepherdRuxton.org

Delight in Discovery and Development

Parents: Please return this form to school by 8/20.

Parent-Student Profile: Twos Level

Thank you for answering these questions. They will be used to plan a program for your child that builds on his/her strengths and takes his/her individual needs into consideration. Your answers will help us insure the best possible experience. All information will be kept confidential.

Child's Name _____ Name Called _____

Child's Birthdate _____ Home Phone _____

Parent's Name _____ Occupation _____

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How old was your child when he/she started school? _____ years _____ months

Did your child have any of the following experiences last year?

_____ Participated regularly in an organized program (e.g. Parent/Toddler, Rebounders)

_____ Participated regularly in a "Playgroup"

_____ Experienced regular daytime babysitters or child care

List any other members of your household (siblings and their ages, grandparents, primary caretakers, others):

Have there been any accidents, illnesses, traumas, deaths, about which we should be aware?

Do you anticipate any unsettling events (e.g. new baby, hospitalization, move, separation, divorce)?

Does your child have any particular fears at this time? _____

How does your child cope with frustration? _____

Has your child consulted with a physician or other professional regarding physical, emotional, or academic development? _____ If yes, please provide additional information: _____

SELF-HELP SKILLS

Is your child interested in dressing or undressing himself/herself?

_____ Yes, very independently _____ Yes, with some help _____ Not yet

Is your child successful with toileting and no longer using diapers?

_____ Yes _____ Yes, with reminders and routines _____ Still in diapers

LANGUAGE DEVELOPMENT

Can your child's speech be understood by people unfamiliar with your child?

_____ Yes, always _____ Yes, most of the time _____ Not yet easily

When did your child start speaking? _____

My child speaks _____ in 2-4 word phrases _____ 1 word at a time

Is a language other than English spoken in your home? _____ Yes _____ No

Which language? _____ By whom? _____

COGNITIVE DEVELOPMENT

Does your child know the names of any colors? _____ Yes _____ Not yet

Does your child show an interest in numbers or counting? _____ Yes _____ Not yet

Can your child easily follow a single direction or request? (e.g. "Please pick up your toy.")

_____ Most of the time _____ Sometimes _____ Not yet

SOCIAL / EMOTIONAL DEVELOPMENT

Does your child have trouble separating from parent/guardian?

_____ Often _____ Occasionally _____ Rarely _____ Never

PARENTAL VALUES

What school experiences do you particularly want for your child this year? _____

The most important thing a teacher can do is _____

DATE: _____

Thank you for taking the time to answer these questions. Your answers will help us to create a school experience for your child that best provides for his/her needs.

Please return this form to school by 8/20