



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 before 8/20.

Parent-Student Profile: Threes 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

Was your child's birth unusual in any way? _____

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? _____

Does your child tend to tire easily? _____ Yes _____ Sometimes _____ Seldom

How does your child comfort himself/herself when upset or frustrated?

What is your child's bedtime? _____

- over -

How many hours per week does your child usually watch TV/videos? _____

Does your child have frequent bathroom "accidents"? _____ Yes _____ No

(Note: We expect that our threes will **not** be in diapers or pull-ups and that they will be able to use the toilet as needed. We will be glad to support your efforts to finalize this process if necessary. Please let us know if your child needs help.)

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

Does your child dress himself/herself? _____ Yes with a little help _____ Even with help he/she has difficulty

Can your child button his/her clothes? _____ Yes _____ Mostly _____ Not easily yet

Does your child keep track of his/her personal belongings (coats, shoes, toys)?

_____ Yes _____ Sometimes _____ Not yet

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 talking? _____

Does your child speak in full sentences? _____ Yes _____ Not yet

Has your child ever had a speech or language evaluation? _____ Yes _____ No

If yes, please discuss results _____

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 the colors? _____ Yes _____ Not yet

Can your child count aloud? _____ Yes _____ Not yet

Does your child choose to look at picture books? _____ Yes, frequently _____ Sometimes _____ Occasionally

Do you (or another primary caretaker) read books with your child?

_____ Daily _____ Frequently _____ Occasionally _____ Less than once per week

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

_____ Most of the time _____ Sometimes _____ Not yet

Can your child easily follow a two step direction or request? (e.g. "Please pick up your toy and put it away.")

_____ Most of the time _____ Sometimes _____ Not yet

MOTOR DEVELOPMENT

Does your child alternate feet when walking up and down stairs? _____ Yes _____ Not yet
Can your child sit still for a short period of time to:
Listen to a story? _____ Yes _____ With difficulty
Be read to? _____ Yes _____ With difficulty
Do a simple task? _____ Yes _____ With difficulty

SOCIAL / EMOTIONAL DEVELOPMENT

How often does your child experience the following:

	Often	Occasionally	Rarely	Never
- Not want to leave Mom/Dad/Guardian:	_____	_____	_____	_____
- Make friends easily:	_____	_____	_____	_____

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.