



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 the school by 8/20.

Parent-Student Profile: Pre-K 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 stay regularly in an afternoon program last year? _____yes _____no

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 _____Not at all

How does your child deal with frustration? _____

How much T.V. / video watching does your child do each day? _____

What time is bedtime? _____

Can your child easily follow simple three step directions? _____Yes _____Sometimes _____No

MOTOR DEVELOPMENT

Does your child manipulate scissors correctly? Yes Not easily at this time
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 wanting to leave Mom/Dad/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Choosing independent play over cooperative play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Working cooperatively with other children on a task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENTAL VALUES

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

The most important thing a teacher can do is _____

SELF-HELP SKILLS

Does your child dress himself/herself?

Yes, very independently Yes, with some help Even with help, has difficulty

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

Does your child take care of his/her own toilet needs?

Yes Most of the time Needs some help Not yet

Does your child keep track of his/her personal belongings (e.g. 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 easily yet

Has your child ever had a speech or language evaluation? If so, please discuss results:

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

If yes, which language? _____ and by whom? _____

COGNITIVE DEVELOPMENT

Does your child know the names of the colors? Yes, many Yes, two to four Not yet

Does your child show an interest in numbers? Yes, frequently Sometimes Not yet

Can your child count aloud? Not at all To 5 To 10 Past 20

Does your child show an interest in letters? Yes, frequently Sometimes Not yet

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

Daily Frequently Occasionally Less than once a week

TEMPERAMENT

How would you rate your child in the following areas?

Activity Level – the amount of physical motion during daily routine:

Very active Active Somewhat active Very inactive

Rhythmic Level – regularity of bodily functioning in sleep, hunger, bowel movements, etc:

Very regular Regular Somewhat irregular Very irregular

Approach – responses to new person, places, events:

Not hesitant Slightly hesitant Hesitant Very hesitant

Adaptability – the ease/difficulty with which your child can change to socially acceptable behavior:

Very quick to adapt Somewhat adaptable Slow to adapt Very slow to adapt

Intensity – the amount of energy in a response whether negative or positive:

Very mild Somewhat mild Intense Very intense

Persistence/Attention Span – how long your child stays with a task or activity:

Very persistent Persistent Non-persistent Very non-persistent

Distractibility – the effect of outside stimuli (sounds, person, etc.) on behavior:

Rarely distracted Sometimes distracted Often distracted Very often distracted

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

Is there any other information regarding your child that you think would be helpful for the teachers to know?

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.