



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 before 8/20

Parent-Student Profile: Busy Bears

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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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? _____

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: _____

LANGUAGE DEVELOPMENT

My child speaks: _____ in 2-4 word phrases _____ 1 word at a time _____ not yet

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

Which language? _____ By whom? _____

SOCIAL / EMOTIONAL DEVELOPMENT

Can your child sit still for a short period of time to:

Listen to a story? _____ Yes _____ Not Yet

Be read to? _____ Yes _____ Not Yet

Do a simple task? _____ 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

In social settings, does your child interact with others? _____ Yes _____ Not Yet

PARENTAL VALUES

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

The most important thing a teacher can do is _____

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

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 the school before 8/20.