



# The Good Shepherd School

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*Delight in Discovery and Development*

**Parents: Please return this form to the school before 8/9.**

## 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 \_\_\_\_\_

Parent's Name \_\_\_\_\_ Occupation \_\_\_\_\_

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

- over -

## 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	____	____	____	____
- Choosing independent play over cooperative play	____	____	____	____
- Working cooperatively with other children on a task	____	____	____	____

## 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.