



THE PRESCHOOL
at Garrison Forest

Parent-Student Profile: Pre-Kindergarten

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

Child's name: _____

Name preferred: _____

Child's birthdate: _____

Best number to contact during the day: _____

Parent(s)/Guardian(s) names preferred: _____

Parent/Guardian 1 occupation: _____

Parent/Guardian 2 occupation: _____

Religion(s) (optional) _____

Religious/Cultural holidays celebrated in your home: _____

Has your child had previous experiences with formal groups of children? _____

If so, what, when, and how often?

Was your child's birth unusual in any way?

Does your child have any dietary restrictions? _____ If so, please describe at the end of the form. Please speak directly to your child's teacher before the beginning of the school year if it is serious.

Other members of the child's household (siblings with ages, grandparents, primary caretakers, etc.)

Are there any accidents, illnesses, traumas about which we should be aware?

Do you anticipate any unsettling events (new baby, hospitalizations, moves, separation, divorce, etc.)? _____

Will your child participate in any after school activities during the school year? _____

If so, what and when? _____

Please comment on your child's sleep/nap schedule: _____

Self-Help Skills

Does your child dress himself/herself?

____ all of the time ____ most of the time ____ with a little help ____ not yet

Can your child put on her/his coat?

____ yes ____ yes with a little help ____ not yet

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

____ yes ____ most of the time ____ needs some help ____ needs a great deal of help

Language Development

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

____ yes, always ____ yes, most of the time ____ not easily

Do you have any concerns about your child's speech or language development?

When did your child begin speaking?

____ later than other children you know her/his age?

____ about the same as other children you know his/her age?

____ earlier than other children you know her/his age?

Has your child ever had a speech, hearing, or language evaluation? _____

If so, please provide details at the end of this form. A copy of the evaluation will be helpful to us in learning about your child's needs and how we can implement any recommendations.

Is a language other than English spoken in your home? _____

If yes, which language? _____

By whom? _____

Cognitive Development

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

____ frequently ____ sometimes ____ occasionally ____ not often

Does your child maintain attention to the end of a storybook read to her/him?

____ usually ____ occasionally ____ not often

Motor Development

Does your child enjoy using crayons and markers?

____ very much ____ some interest ____ no interest yet

Has your child had opportunities to use the following tools?

scissors ____ frequently ____ occasionally ____ not often ____ never

glue ____ frequently ____ occasionally ____ not often ____ never

pens/pencils ____ frequently ____ occasionally ____ not often ____ never

Social/Emotional Development

Does your child have any particular fears at this time?

____ yes ____ no

If yes, please describe: _____

How does your child deal with frustration?

What makes it easier for your child to separate from you or a known adult?

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

How often does your child choose independent play over cooperative play with others?

____ generally prefers independent play ____ generally prefers cooperative play

Interests

What motivates or interests your child?

Favorites?

Color(s): _____

Character(s): _____

Book(s): _____

Song(s): _____

Snack(s): _____

Toy(s): _____

Show(s): _____

Other? _____

As they grow, children develop preferences and talents. Where do you think your child's particular strengths and interests might lie? (Choose up to 3 of their strongest areas)

_____ verbal, linguistic areas

_____ musical, artistic, creative areas

_____ kinesthetic, athletic areas

_____ logical, mathematical areas

_____ personal, social areas

_____ "nature" areas, naturalist

Parental Values

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

What is the most important thing, in your opinion, that a teacher can do?

Health Needs

Does your child have any allergies, sensitivities, or other health needs in which we should be aware?

Does your child take medication regularly or will s/he have medications that s/he will need to take at school?

Grandparents

Please add the name, address and email address (if applicable) of your child's grandparents below so that we can invite them to our spring Grandparents Day (if we are able to hold it this year).:

Other:

Please add any additional information that might be helpful as we ease your child's transition into school.

Parent Signature

Date

Thank you for taking the time to answer these questions. They will help as we create a school experience for your child that best provides for her/his needs. and interests.

Please return to Sandi Uehlinger at Garrison Forest School, 300 Garrison Forest Road, Owings Mills, MD 21117 or email to sandiuehlinger@gfs.org