



THE PRESCHOOL at Garrison Forest

Parent-Student Profile: Three Year Old Level

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.)?

Your child's bathroom "accidents" _____ frequent _____ occasional _____ rare _____ never

(Please 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 particular support.)

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

Self-Help Skills

Does your child dress himself/herself?

_____ yes _____ yes with a little help _____ not yet _____ don't know

Can your child put on her/his coat?

_____ yes _____ yes with a little help _____ not yet _____ don't know

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

_____ yes _____ yes with a little help _____ not yet _____ don't know

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 think your child started 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

Does your child choose to look at picture books?

☐ frequently ☐ sometimes ☐ occasionally ☐ not often

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

☐ frequently ☐ sometimes ☐ occasionally ☐ not often

Does your child enjoy this activity?

☐ very much ☐ usually ☐ occasionally ☐ not often

Can your child easily follow

–a single direction or request? (ex. Pick up your toy.)

☐ most of the time ☐ sometimes ☐ not yet

–a two-part direction or request? (ex. Get your book and put it on the shelf.)

☐ most of the time ☐ sometimes ☐ not yet

Does your child know the names of colors?

☐ yes, many ☐ two to four ☐ not yet

Can your child count aloud?

☐ not yet ☐ to 5 ☐ to 10 ☐ beyond 10 to ☐

Motor Development

Does your child enjoy using crayons and markers?

☐ very much ☐ some interest ☐ no interest yet

Does your child enjoy painting with a brush?

☐ very much ☐ some interest ☐ no interest yet

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

–listen to a story?

☐ yes ☐ with some difficulty ☐ not very often

–complete a simple task?

☐ yes ☐ with some difficulty ☐ not very often

Social/Emotional Development

Does your child have any particular fears at this time?

____yes ____no

If yes, please describe:_____

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

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

How often does your child experience the following:

-leaving parent/guardian? ____often ____occasionally ____rarely ____never

-not wanting to leave parent/guardian? ____often ____occasionally ____rarely ____never

-playing with other children? ____often ____occasionally ____rarely ____never

Interests

What motivates or interests your child?

Favorites?

Color(s):_____

Character(s):_____

Book(s):_____

Song(s):_____

Snack(s):_____

Toy(s):_____

Show(s):_____

Other?_____

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 s/he will need to take at school?

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?

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