

GARRISON FOREST SCHOOL

Please mail or email this form to the Preschool by 8/15

Parent-Student Profile: Two Year Old Level

Parents, 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 ensure the best possible school experience for your child. Relevant information will be kept strictly confidential.

Child's name: _____ Name preferred: _____

Parents/Guardians names preferred: Parent 1 _____ Parent 2 _____

Occupation: Parent 1 _____ Parent 2 _____

Religion: (optional) Parent 1 _____ Parent 2 _____ Child: _____

Religious/cultural holidays celebrated in your home: _____

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

If so, what, when, and how often? _____

Was your child's birth unusual in any way? _____

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

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

Have there been any accidents, illnesses, traumas about which we should be aware: _____

Are you anticipating any unsettling events (new baby, hospitalization, move, separation, divorce)?

Your child's progress toward potty training: ____not broached ____making some progress ____complete
(Note: We do not expect that our twos will be finished with diapers or pull-ups or able to use the toilet independently. However, we will be glad to support your efforts in this process if necessary. Please let us know if your child needs any particular help.)

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

Self-Help Skills

Does your child dress himself/herself?

☐ Yes, with some things ☐ Yes, with help ☐ It has not been broached

Can your child put on his/her coat? ☐ Yes ☐ With 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 in sentences:

☐ later than other children you know his/her age?
☐ about the same time as other children you know his/her age?
☐ earlier than other children you know his/her 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? ☐ Yes ☐ No

If yes, which language? _____ By whom? _____

Cognitive Development

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

Can your child count aloud? ☐ Not yet ☐ Yes, to 5 ☐ Yes, to 10 ☐ past 10 to _____

Does your child choose to look at picture books?

☐ Yes, frequently ☐ Sometimes ☐ Occasionally ☐ Not often

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

☐ Daily ☐ Frequently ☐ Every few days ☐ Less than once a week

Does your child enjoy this activity?

☐ Yes, very much ☐ Usually ☐ Occasionally ☐ Not often

Can your child easily follow:

-- a single direction or request? (i.e. Please pick up your toy.)

☐ Most of the time ☐ Sometimes ☐ Not yet

-- a two-part direction or request? (i.e. Get your book and put it away.)

☐ Most of the time ☐ Sometimes ☐ Not yet

Motor Development

Does your child enjoy using crayons and markers?

☐ Yes, a great deal ☐ Yes, some interest ☐ No interest now ☐ No experience yet

Does your child enjoy painting with a brush?

☐ Yes, a great deal ☐ Yes, some interest ☐ No interest now ☐ No experience yet

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

Listen to a story? ☐ Yes ☐ With some difficulty ☐ Not very often

Play independently? ☐ Yes ☐ Sometimes ☐ Not very often

Social / Emotional Development

Does your child have any particular fears at this time? ☐ Yes ☐ No If yes, please explain.

How does your child comfort himself/herself 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:

often occasionally rarely never

-Leaving Parent/Guardian

☐ ☐ ☐ ☐

-Not wanting to leave Parent/Guardian

☐ ☐ ☐ ☐

-Playing with other children

☐ ☐ ☐ ☐

Parental Values

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

What is the most important thing a teacher can do? _____

Other:

Please add any additional comments that might be helpful to us 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 his/her needs and interests.

Please return by August 15 to: Cindy Isenhour at Garrison Forest School, Preschool, 300 Garrison Forest Road, Owings Mills, MD 21117 or email to: cindyisenhour@gfs.org