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## FIRST STEP/TODDLER PROFILE SHEET

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Dear First Step/Toddler Parent,*

*Please complete the following questions so we may have a better understanding of your toddler's likes, dislikes, and personality, and provide a program that supports your child's individual needs.*

1. What types of activities does your child enjoy?
2. What types of activities do not interest your child?
3. Does your child have any favorite stories or songs?
4. Does your toddler require any special diaper changing care (creams, powders, allergies, etc.)? If so, please describe. Authorization forms will be required for creams and powders.
5. What skills would you like your child to develop? Do you or your child's doctor have concerns regarding your child's development?
6. Has your child been evaluated for additional services or had support services provided in the past? Is your child currently receiving these services at home or at school? If so, please describe and list the services.
7. Is there anything else we should know about your child?

*Continued on back*

8. What types of community activities does your family participate in?

9. Are there any concerns you have about your child's transition into this class that we can discuss or help alleviate?

10. Is there anything you would like to share with us about your family's structure, culture, or heritage? If so, we encourage you to communicate with us about this so we can help your child feel comfortable in our school and their classroom.



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## GET SET PROFILE SHEET

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Dear Get Set Parent,*

*Please complete the following questions so we may have a better understanding of your child's abilities, interests and personality, and provide a program that supports your child's individual needs.*

1. What types of activities does your child enjoy?
2. What types of activities do not interest your child?
3. Does your child have any favorite stories or songs?
4. Does your child require any special diaper changing care (creams, powders, allergies, etc.)? If so, please describe. Authorization forms will be required for creams and powders.
5. What self-help skills has your child already achieved? (e.g. potty training, dressing, washing hands)
6. What skills would you like your child to develop? Do you or your child's doctor have concerns regarding your child's development?
7. Has your child been evaluated for additional services or had support services provided in the past? Is your child currently receiving these services at home or at school? If so, please describe and list the services.
8. Is there anything else we should know about your child?

*Continued on back*

9. What types of community activities does your family participate in?

10. Are there any concerns you have about your child's transition into this class that we can discuss or help alleviate?

11. Is there anything you would like to share with us about your family's structure, culture, or heritage? If so, we encourage you to communicate with us about this so we can help your child feel comfortable in our school and their classroom.



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## INFANT PROFILE SHEET

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Dear Infant Parent,*

*Please complete the following questions so we may have a better understanding of your infant's likes, dislikes, and schedule, and provide a program that supports your child's individual needs.*

1. Please list your infant's approximate feeding times and amounts of food/milk/formula to be given.
2. What are the approximate times of your infant's naps and usual duration of naps?
3. Does your infant require any special diaper changing care (creams, powders, allergies, etc.)? If so, please describe. Authorization forms will be required for creams and powders.
4. What activities does your infant enjoy? What does he/she find soothing/relaxing?
5. What skills would you like us to work on with your infant? Do you or your child's doctor have concerns regarding your child's development?
6. Has your child been evaluated for additional services or had support services provided in the past? Is your child currently receiving these services at home or at school? If so, please describe and list the services.
7. Is there anything else we should know about your infant?

*Continued on back*

8. What types of community activities does your family participate in?

9. Are there any concerns you have about your child's transition into this class that we can discuss or help alleviate?

10. Is there anything you would like to share with us about your family's structure, culture, or heritage? If so, we encourage you to communicate with us about this so we can help your child feel comfortable in our school and their classroom.



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## KINDERGARTEN ENRICHMENT/AFTER SCHOOL PROFILE SHEET

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Dear KE/After School Parent,*

*Please complete the following questions so we may have a better understanding of your child's abilities, interests and personality, and provide a program that supports your child's individual needs.*

1. What types of activities does your child enjoy?
2. What types of activities do not interest your child?
3. Does your child have any favorite hobbies or interests? Do they participate in any extra-curricular activities at their school?
4. Would you like our staff to assist your child with homework?
5. Is there anything specific in regard to your child's academic development that we should know or can help enrich while they are attending our program?
6. Do you or your child's doctor have concerns regarding your child's development?
7. Has your child been evaluated for additional services or had support services provided in the past? Is your child currently receiving these services at home or at school? If so, please describe and list the services.

*Continued on back*

8. Is there anything else we should know about your child?
  
9. What types of community activities does your family participate in?
  
10. Are there any concerns you have about your child entering this class that we can help alleviate?
  
11. Is there anything you would like to share with us about your family's structure, culture, or heritage? If so, we encourage you to communicate with us about this so we can help your child feel comfortable in our school and their classroom.





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## PRE-KINDERGARTEN PROFILE SHEET

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Dear Pre-Kindergarten Parent,*

*Please complete the following questions so we may have a better understanding of your child's abilities, interests and personality, and provide a program that supports your child's individual needs.*

1. What types of activities does your child enjoy?
  
2. What types of activities do not interest your child?
  
3. How would you describe your child's current understanding of cognitive concepts such as: colors, sizes, shapes, letter/number recognition, and pre-writing skills?
  
4. In what skill areas would you like to see your child develop?
  
5. Is there anything else we should know about your child? Do you or your child's doctor have concerns regarding your child's development?
  
6. Has your child been evaluated for additional services or had support services provided in the past? Is your child currently receiving these services at home or at school? If so, please describe and list the services.

*Continued on back*

7. What types of community activities does your family participate in?

8. Are there any concerns you have about your child's transition into this class that we can discuss or help alleviate?

9. Is there anything you would like to share with us about your family's structure, culture, or heritage? If so, we encourage you to communicate with us about this so we can help your child feel comfortable in our school and their classroom.



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## PRESCHOOL PROFILE SHEET

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Dear Preschool Parent,*

*Please complete the following questions so we may have a better understanding of your child's abilities, interests and personality, and provide a program that supports your child's individual needs.*

1. What types of activities does your child enjoy?
2. What types of activities do not interest your child?
3. Does your child have any favorite stories or songs?
4. How would you describe your child's current understanding of cognitive concepts such as: colors, sizes, shapes, letter recognition?
5. In what skill areas would you like to see your child develop? Do you or your child's doctor have concerns regarding your child's development?
6. Has your child been evaluated for additional services or had support services provided in the past? Is your child currently receiving these services at home or at school? If so, please describe and list the services.

*Continued on back*

7. Is there anything else we should know about your child?

8. Are there any concerns you have about your child's transition into this class that we can discuss or help alleviate?

9. What types of community activities does your family participate in?

10. Is there anything you would like to share with us about your family's structure, culture, or heritage? If so, we encourage you to communicate with us about this so we can help your child feel comfortable in our school and their classroom.