

# GSRP Preschool Application

Benton Harbor - St. Joseph YMCA of Greater Michiana

2026 - 2027



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

**Please check your classroom preferences and rank the options 1 through 4, with 1 being your most desired option.**

**Monday - Thursday AM ½ day 8:45 AM - 11:45 AM**

**Monday - Thursday PM ½ day 12:30 PM - 3:30 PM**

**Monday - Thursday Full day 8:45 AM - 3:15 PM**

**Monday - Friday Full day 8:45 AM - 3:15 PM**

*\*This class option is reserved for full-time working families or full-time students. Proof of full-time status must be submitted with application.*

## Qualifications for GSRP:

- **Your child must be 4-years-old (but not yet 5-years-old) by September 1, 2026**

*We can accept children who turn 4 between September 2 and December 1, but they can only be enrolled after September 1, if there is space available.*

- **You must live in Berrien County**

*Families from neighboring counties may apply, but must complete a Cross County Prior Approval form.*

Each applicant will be ranked by the family's federal poverty level (FPL), and programs will enroll children in the lowest FPL brackets first. Children who are experiencing homelessness, are in foster care, have an IEP, or were previously enrolled in Strong Beginnings are prioritized regardless of income.

*\*Children whose household income is at or below 100% FPL, who are experiencing homelessness, or who are in foster care qualify to be served by Head Start, and must apply there first. Please contact Flowers Early Learning at flowersearlylearning.org or 1-800-792-0366. If a family qualifies for Head Start but wishes to be served by GSRP, the GSRP site must first seek approval from Head Start.*

## Required Documentation:

**Proof of Age** Such as a birth certificate

**Proof of Residency** Such as a driver's license, rent receipt, utility bill, or letter from shelter or host (if between homes)

**Child Information Record**

**I.E.P.** if applicable

**Health Appraisal and Immunization record**

*Must be completed by a medical provider, must be submitted within 30 days after the child's start date.*

*\*These materials were developed under a grant awarded by MiLEAP*



## GSRP Preschool Locations in Berrien County

*Please note - acceptance into a GSRP classroom does not guarantee that you will be accepted into that school's Kindergarten or Young 5's program, you will have to follow the process or school of choice process per school.*

### School Districts

|  |  |   |
|--|--|---|
| <p><b>Benton Harbor Area Schools</b><br/>         Discovery Enrichment Center<br/>         465 S. McCord Street - Benton Harbor<br/>         Phone - (269) 605-1601<br/>         Email - <a href="mailto:Sandra_tyler@bhas.org">Sandra_tyler@bhas.org</a><br/>         Website - <a href="http://dec.bhas.org/o/dec">dec.bhas.org/o/dec</a><br/> <b>Full Day Program, Monday-Thursday</b><br/>         Transportation provided within District</p> | <p><b>Benton Harbor Charter School Academy</b><br/>         455 Riverview Drive, Suite 1 - Benton Harbor<br/>         Phone - (269) 925-3807 ext. 164<br/>         Email - <a href="mailto:nicoledale@choiceschools.com">nicoledale@choiceschools.com</a><br/>         Website - <a href="http://www.bentonharborcharter.com">www.bentonharborcharter.com</a><br/> <b>Full Day Program, Monday-Thursday</b><br/>         Transportation provided within District</p> | <p><b>Berrien Springs Public Schools</b><br/>         430 W. Mars Street. - Berrien Springs<br/>         Phone - (269) 473-0703<br/>         Email - <a href="mailto:jwallace@homeoftheshamrocks.org">jwallace@homeoftheshamrocks.org</a><br/>         or <a href="mailto:csherman@homeoftheshamrocks.org">csherman@homeoftheshamrocks.org</a><br/> <b>Half Day Program, Monday-Thursday</b><br/> <b>Full Day Program, Monday-Thursday</b><br/>         Transportation provided within District</p> |
| <p><b>Brandywine Community Schools</b><br/>         1620 LaSalle Ave. - Niles<br/>         Phone - (269) 684-6511<br/>         Email - <a href="mailto:mhigh@brandywinebobcats.org">mhigh@brandywinebobcats.org</a><br/>         Website - <a href="http://www.brandywinebobcats.org">www.brandywinebobcats.org</a><br/> <b>Full Day Program, Monday-Thursday</b></p>  | <p><b>Buchanan Community Schools</b><br/>         109 Ottawa St. - Buchanan<br/>         Phone - (269) 695-8409<br/>         Email - <a href="mailto:ejohnson@buchananschools.com">ejohnson@buchananschools.com</a><br/>         Website - <a href="http://www.buchananschools.com">www.buchananschools.com</a><br/> <b>Full Day Program, Monday-Thursday</b><br/>         Transportation provided within District</p>   | <p><b>Coloma Community Schools</b><br/>         262 S. West Street - Coloma<br/>         Phone - (269) 468-2424<br/>         Email - <a href="mailto:rpounders@ccs.coloma.org">rpounders@ccs.coloma.org</a><br/>         Website - <a href="http://ces.coloma.org">ces.coloma.org</a><br/> <b>Extended Week Program, Monday-Friday</b><br/>         Transportation provided within District</p>   |
| <p><b>Countryside Academy</b><br/>         4722 Meadowbrook Road - Benton Harbor<br/>         Phone - (269) 944-3319 ext. 219<br/>         Email - <a href="mailto:mbeckmann@countrysideacademy.org">mbeckmann@countrysideacademy.org</a><br/>         Website - <a href="http://www.countrysideacademy.org">www.countrysideacademy.org</a><br/> <b>Full Day Program, Monday-Thursday</b><br/>         Transportation provided within District</p> | <p><b>Eau Claire Public Schools</b><br/>         6238 West Main Street - Eau Claire<br/>         Phone - (269) 461-6191<br/>         Email - <a href="mailto:jrumsey@eauclaireps.com">jrumsey@eauclaireps.com</a><br/>         Website - <a href="http://eauclaireps.com">eauclaireps.com</a><br/> <b>Full Day Program, Monday-Thursday</b><br/>         Transportation provided within District</p>   | <p><b>Watervliet Public Schools</b><br/>         287 Baldwin Ave. - Watervliet<br/>         Phone - (269) 463-0820<br/>         Email - <a href="mailto:twilliams@watervlietsps.org">twilliams@watervlietsps.org</a><br/>         Website - <a href="http://www.watervlietsps.org">www.watervlietsps.org</a><br/> <b>Full Day Program, Monday-Thursday</b></p>  |

### Community Based Organizations

|  |   |  |
|--|---|--|
| <p><b>The Blessed Noah's Ark Day Care</b><br/>         1844 Colfax Ave. - Benton Harbor<br/>         Phone - (269) 252-5112<br/>         Email - <a href="mailto:tynishamurphy22@gmail.com">tynishamurphy22@gmail.com</a><br/> <b>Full Day Program, Monday-Thursday</b><br/>         Transportation provided</p>   | <p><b>The Children's Center - Niles</b><br/>         210 Main Street - Niles<br/>         Phone - (269) 683-0405<br/>         Email - <a href="mailto:kelsey@weloveourfamilies.com">kelsey@weloveourfamilies.com</a><br/>         Website - <a href="http://www.thechildrenscenterinc.com/preschool2.html">www.thechildrenscenterinc.com/preschool2.html</a><br/> <b>Full Day Program, Monday-Thursday</b></p>  | <p><b>The Children's Center - Peace Boulevard</b><br/>         219 Peace Blvd - St. Joseph<br/>         Phone - (269) 683-0405<br/>         Email - <a href="mailto:Kelsey@weloveourfamilies.com">Kelsey@weloveourfamilies.com</a><br/>         Website - <a href="http://www.thechildrenscenterinc.com/preschool2.html">www.thechildrenscenterinc.com/preschool2.html</a><br/> <b>Full Day Program, Monday-Thursday</b></p> |
| <p><b>Immanuel EC Development Center</b><br/>         9650 Church Street - Bridgman<br/>         Phone - (269) 465-6031 ext. 114<br/>         Email - <a href="mailto:barba@immanuelbridgman.org">barba@immanuelbridgman.org</a><br/> <b>Full Day Program, Monday-Thursday</b></p>   | <p><b>Lylabugs &amp; Buttons</b><br/>         1924 Territorial Road - Benton Harbor<br/>         Phone - (269) 925-7167<br/>         Email - <a href="mailto:Lylabuttons@yahoo.com">Lylabuttons@yahoo.com</a><br/> <b>Full Day Program, Monday-Thursday</b><br/>         Transportation provided</p>  | <p><b>Montessori Children's Center</b><br/>         1000 Miners Road - St. Joseph<br/>         Phone - (269) 256-4456<br/>         Email - <a href="mailto:Kelsey@weloveourfamilies.com">Kelsey@weloveourfamilies.com</a><br/>         Website - <a href="http://montessorichildrenscenter.com/">montessorichildrenscenter.com/</a><br/> <b>Extended Week Program, Monday-Friday</b></p>                                     |
| <p><b>Stevensville United Methodist Children's Center</b><br/>         5506 Ridge Road - Stevensville<br/>         Phone - (269) 429-1069<br/>         Email - <a href="mailto:director2.sumcc@gmail.com">director2.sumcc@gmail.com</a><br/> <b>Full Day Program, Monday-Thursday</b></p>  | <p><b>Trinity Lutheran - Berrien Springs</b><br/>         9123 George Avenue - Berrien Springs<br/>         Phone - (269) 473-1811<br/>         Email - <a href="mailto:school@trinityberrien.org">school@trinityberrien.org</a><br/>         Website - <a href="http://www.trinityberrien.org/daycare">www.trinityberrien.org/daycare</a><br/> <b>Full Day Program, Monday-Thursday</b></p>  | <p><b>Trinity Lutheran Early Childhood Center</b><br/>         613 Court Street - St. Joseph<br/>         Phone - (269) 983-0040<br/>         Email - <a href="mailto:jennifer.revnells@discovertrinity.org">jennifer.revnells@discovertrinity.org</a><br/>         Website - <a href="http://www.trinitystjoe.org">www.trinitystjoe.org</a><br/> <b>Full Day Program, Monday-Thursday</b></p>                               |
| <p><b>YMCA of Greater Michiana - BH/SJ YMCA</b><br/>         3655 Hollywood Rd - St. Joseph<br/>         Phone - (269) 428-9622<br/>         Email - <a href="mailto:mmaier@ymcagm.org">mmaier@ymcagm.org</a><br/>         Website - <a href="http://www.ymcagm.org/GSRP">www.ymcagm.org/GSRP</a><br/> <b>Half Day Program, Monday-Thursday</b><br/> <b>Full Day Program, Monday-Thursday</b><br/> <b>Extended Week Program, Monday-Friday</b></p> | <p><b>YMCA of Greater Michiana - Northside Child Development Center</b><br/>         2020 N. Fifth Street - Niles<br/>         Phone - (269) 683-1982<br/>         Email - <a href="mailto:mskalla@ymcagm.org">mskalla@ymcagm.org</a><br/>         Website - <a href="http://www.ymcagm.org/GSRP">www.ymcagm.org/GSRP</a><br/> <b>Half Day Program, Monday-Thursday</b><br/> <b>Full Day Program, Monday-Thursday</b><br/> <b>Extended Week Program, Monday-Friday</b><br/>         Transportation provided</p> |  |

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# BERRIEN COUNTY GSRP APPLICATION 2026-2027

Completing an application doesn't automatically enroll you into GRSP. All applications/enrollments are pending per review of qualifications and the state GSRP budget. All final notifications will come from teachers/sites prior to the fall start.

## PROGRAM PREFERENCE

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Benton Harbor Area Schools         | <input type="checkbox"/> Benton Harbor Charter School  | <input type="checkbox"/> Berrien Springs Public Schools |
| <input type="checkbox"/> The Blessed Noah's Ark             | <input type="checkbox"/> Brandywine Community Schools  | <input type="checkbox"/> Buchanan Community Schools     |
| <input type="checkbox"/> The Children's Center - Niles      | <input type="checkbox"/> The Children's Center - Peace | <input type="checkbox"/> Coloma Community Schools       |
| <input type="checkbox"/> Countryside Academy                | <input type="checkbox"/> Eau Claire Public Schools     | <input type="checkbox"/> Immanuel EC Development Center |
| <input type="checkbox"/> Lylabugs & Buttons                 | <input type="checkbox"/> Montessori Children's Center  | <input type="checkbox"/> Stevensville United Methodist  |
| <input type="checkbox"/> Trinity Lutheran - Berrien Springs | <input type="checkbox"/> Trinity Lutheran - St. Joseph | <input type="checkbox"/> Watervliet Public Schools      |
| <input type="checkbox"/> YMCA - Northside                   | <input type="checkbox"/> YMCA - BH/SJ YMCA             |   |

## CHILD INFORMATION

Child's Legal Name: \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

Gender:  Male  Female

Ethnicity: Hispanic or Latino  Yes  No

Race: American  African American or Black  Indian or Alaska Native  Asian  Hispanic  
 Native Hawaiian or Pacific Islander  Caucasian or White  Two or more races

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Number: \_\_\_\_\_ School District of Residence: \_\_\_\_\_

Did the child participate in Strong Beginnings in the 2025/2026 school year?  Yes  No

## FAMILY INFORMATION

Child lives with:  Both Parents  Mother  Father  Joint Custody (If joint, Physical or Legal, Explain) \_\_\_\_\_  
 Legal Guardian  Grandparents  Foster Care  Other: Explain \_\_\_\_\_

Parent/guardian Name 1: \_\_\_\_\_

Parent/guardian Name 2: \_\_\_\_\_

Parent/guardian date of birth: \_\_\_\_\_

Parent/guardian date of birth: \_\_\_\_\_

Address: (if different from above): \_\_\_\_\_

Address: (if different from above): \_\_\_\_\_

Current Employer: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employers Address: \_\_\_\_\_

Employers Address: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_

Alternative Phone#: \_\_\_\_\_

Alternative Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACTS other than parent/guardian

|          |            |                      |            |             |                    |                             |
|----------|------------|----------------------|------------|-------------|--------------------|-----------------------------|
| 1. _____ | Name _____ | Street Address _____ | City _____ | State _____ | Phone Number _____ | Relationship to child _____ |
| 2. _____ | Name _____ | Street Address _____ | City _____ | State _____ | Phone Number _____ | Relationship to child _____ |

## INCOME & PROGRAM ELIGIBILITY FACTORS

Total household income: \$ \_\_\_\_\_ Number in Household: \_\_\_\_\_  
If you do not provide this information, your child cannot be enrolled until after August 1.

Is the child experiencing homelessness?  Yes  No

Is the child in foster care?  Yes  No

Does the child have an Individualized Education Program (IEP)?  Yes  No  
If yes, a copy must be provided.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY - For enrollment prioritization and PowerSchool documentation

|   |  |
|---|--|
| <b>% FPL Bracket:</b><br><input type="checkbox"/> 01: 0-50%<br><input type="checkbox"/> Approved for GSRP by HS<br><input type="checkbox"/> 02: 51-100%<br><input type="checkbox"/> Approved for GSRP by HS<br><input type="checkbox"/> 03: 101-150%<br><input type="checkbox"/> 04: 151-200%<br><input type="checkbox"/> 05: 201-250%<br><input type="checkbox"/> 06: 251-300%<br><input type="checkbox"/> 08: 301-350%<br><input type="checkbox"/> 09: 351-400%<br><input type="checkbox"/> 10: 401-450%<br><input type="checkbox"/> 11: 451% and above | <b>Eligibility Factors:</b><br><input type="checkbox"/> A: Homelessness (placed in FPL Bracket 01)<br><input type="checkbox"/> B: Foster Care (placed in FPL Bracket 01)<br><input type="checkbox"/> C: IEP (placed in FPL Bracket 01)<br><br><b>Automatic Enrollment:</b><br><input type="checkbox"/> Strong Beginnings Participant |
| Date Application was Received: _____  | Application Prioritization Rank #: _____   |
| Order in Which Application was Received: _____  |  |
| <b>I verify that I have reviewed the following documentation with the family:</b><br><input type="checkbox"/> <b>Proof of Age</b> - Such as a birth certificate, passport, immigration record, or baptismal certificate<br><input type="checkbox"/> <b>Proof of Residency</b> - Such as a driver's license, rent receipt, utility bill, or letter from shelter or host (if between homes)<br><input type="checkbox"/> IEP - If applicable   |  |
| GSRP Staff Signature _____  | Date of Verification _____   |

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## Berrien RESA Photo Release Form for GSRP Students

**I give permission** for my son/daughter photo/image to be used. Please complete the form below

**I do not give permission** for my son/ daughter photo/image to be used. However, please complete the Guardian's name and Minor's name sections as well as sign and date the form.

I, \_\_\_\_\_, give the GSRP school/site, Berrien RESA and its affiliated programs permission to use the photo/image/video of the minor named below and grant the GSRP school/site and Berrien RESA all rights to use these photo/image/video in any medium for educational, promotional, advertising or other purposes that support the mission of the District. I agree that all rights to the photo/image/video belong to GSRP/Berrien RESA.

Guardian's Name: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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## GSRP Underage Consideration

\*\*\*\*Only complete if your child will turn 4 after September 1 - December 1\*\*\*\*

GSRP Underage Eligibility Consideration-Special Circumstances for Children turning 4 **after** September 1st - December 1st.

I understand that a child who turns 4 years old **after** September 1st - December 1<sup>st</sup> can be considered for enrollment in the Free Preschool in Berrien County by requesting this Special Consideration.

I also understand that the intention of the Great Start Readiness Preschool program is to be provided the year before a child enters kindergarten, therefore I am requesting that eligibility for enrollment into a Great Start Readiness Preschool program be considered for my child because I plan to request early entry into kindergarten the following year.

\_\_\_\_\_ and \_\_\_\_\_.

Child's full name

Date of Birth

I understand that this does not guarantee my child a classroom placement in GSRP for the school year and that I will be notified of the enrollment status after **September 1**.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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## CHILD INFORMATION RECORD

State of Michigan - Department of Lifelong Education, Learning, and Potential - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

|  |                   |   |   |       |   |
|--|-------------------|---|---|-------|---|
| For Provider Use Only:   | Date of Admission | Date of Discharge                         |   |       |   |
| Name of Child (Last, First, Middle Initial)  |                   |   |   |       |   |
| Address (Number and Street, Building/Apartment Number)   |                   |   | City  | State | Zip Code                                  |
| Parent/Legal Guardian's Name   |                   | Primary Phone ( )                         | Parent/Legal Guardian's Name (Optional)         |       | Primary Phone ( )                         |
| Home Address (if not child's address)  |                   | 2 <sup>nd</sup> Phone (if applicable) ( ) | Home Address (if not child's address)           |       | 2 <sup>nd</sup> Phone (if applicable) ( ) |
| City   | State             | Zip Code                                  | City  | State | Zip Code                                  |
| Email Address (optional)   |                   |   | Email Address (optional)                        |       |   |
| Employer Name  |                   | Work Phone ( )                            | Employer Name                                   |       | Work Phone ( )                            |
| Name of Child's Physician or Health Clinic   |                   |   | Physician's or Health Clinic's Phone Number ( ) |       |   |
| Hospital Preferred for Emergency Treatment (optional)  |                   |   |   |       |   |
| Allergies, Special Needs and/or Special Instructions? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain:<br>(Attach additional sheets, if necessary.) |                   |   |   |       |   |

CCL-3731 (Rev. 6/7/2024) Previous editions 7-18, 4-21, & 3-22 may be used

See Reverse Side

|  |     |     |     |
|--|-----|-----|-----|
| <b>Emergency Contact &amp; Release of Child:</b> List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.) |     |     |     |
| 1.   | ( ) | ( ) |     |
| 2.   | ( ) | ( ) |     |
| 3.   | ( ) | ( ) |     |
| <b>Release of Child Only:</b> List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)  |     |     |     |
| 1.   | ( ) | 2.  | ( ) |
| 3.   | ( ) | 4.  | ( ) |
| 5.   | ( ) | 6.  | ( ) |

|   |  |
|---|--|
| <b>Parent/Legal Guardian Initials:</b>  |  |
| ____ I give permission to _____, licensed by the Department of Lifelong Education, Advancement, and Potential, to secure emergency medical treatment for the above named minor child while in care. |  |

|   |             |
|---|-------------|
| <b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b> |             |
| Signature of Parent or Guardian   | Date Signed |

| Date Card Reviewed | Parent or Legal Guardian Initials | Date Card Reviewed | Parent or Legal Guardian Initials | Date Card Reviewed | Parent or Legal Guardian Initials | Date Card Reviewed | Parent or Legal Guardian Initials |
|--------------------|-----------------------------------|--------------------|-----------------------------------|--------------------|-----------------------------------|--------------------|-----------------------------------|
|                    |                                   |                    |                                   |                    |                                   |                    |                                   |

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# PRESCHOOL TRANSITION QUESTIONNAIRE



Thank you for completing this questionnaire. The information you share helps our GSRP team understand your child's needs, strengths, and routines so we can support a smooth and successful transition into the program. All information is kept confidential.

## CHILD INFORMATION

- Child's Full Name: \_\_\_\_\_
- Nickname (if any): \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Name of Person filling out questionnaire: \_\_\_\_\_

## FAMILY INFORMATION

### Preferred Method of Communication

- Phone call
- Text message
- Email

## PRIOR CARE & EARLY LEARNING EXPERIENCES

1. Before enrolling in GSRP, my child has attended:

- Home Care Only
- Childcare Center
- Preschool Program
- Head Start
- Strong Beginnings
- No Prior Group Care

2. Has your child received Early On Services?

- Yes, currently
- Yes, in the past
- No

If yes, services included (check all that apply)

- Speech Therapy
- Occupational Therapy (OT)
- Physical Therapy (PT)
- Developmental Support
- Other: \_\_\_\_\_

## IEP INFORMATION

1. Does your child currently have an IEP? (Individualized Education Program)

- Yes
- No

2. If your child has an IEP, services included (check all that apply)

- Speech/Language
- Social-Emotional
- Fine Motor
- Gross Motor
- Behavior
- Other: \_\_\_\_\_

## CHILD STRENGTHS & INTERESTS

Please check all the areas that best describe your child

- Enjoys Books
- Enjoys Art or Sensory Activities
- Enjoys Building or Puzzles
- Enjoys Music and Movement
- Enjoys Pretend Play
- Other: \_\_\_\_\_

My child is most confident when:

- Following Routines
- Playing with peers
- Working One-on-One with an Adult
- Helping Others

## SOCIAL & EMOTIONAL DEVELOPMENT

How does your child separate from you?

- Easily
- With Reassurance
- With Difficulty

How does your child usually play with others?

- Plays Cooperatively
- Plays Alongside Others (parallel play)
- Observes Before Joining
- Prefers Independent Play

Does your child have difficulty with:

- Transitions
- Waiting or Turn-Taking
- Loud Noises
- Large Groups
- None of the Above

## COMMUNICATION

My child primarily communicates by:

- Full Sentences
- Short Phrases
- Single Words
- Gestures or Signs
- Communication Device

My child understands direction best when:

- Given Verbally
- Shown with Visuals
- Modeled by an Adult
- Repeated

## POTTY TRAINING & SELF-HELP SKILLS

My child is currently:

- Fully toilet trained
- Mostly toilet trained
- In the Process of Potty Training
- Not Yet Toilet-Trained

My child:

- Independently uses the Toilet
- Needs Reminders
- Needs Adult Assistance

## DAILY ROUTINES

My child typically:

- Naps Daily
- Rests But Does Not Sleep
- Does Not Nap

## HEALTH & SENSORY INFORMATION

My child is sensitive to (check all that apply):

- Loud Sounds
- Bright Lights
- Certain Textures
- Movement
- None of the Above

## BEHAVIOR & SUPPORT STRATEGIES

When my child is upset, they usually (check all that apply):

- Cry
- Withdrawl
- Become Physically Aggressive
- Seek Adult Support

What helps your child calm down? (check all that apply)

- Quiet Space
- Adult Reassurance
- Deep Breathing or Movement
- Sensory Tools
- Visual Schedule

## FINE MOTOR SKILLS

My child:

- Can cut with scissors with no assistance
- Can cut with scissors with assistance
- Cannot hold scissors

My child can:

- Hold a pencil and draw shapes and symbols
- Fist a pencil and draw shapes and symbols
- Hold a pencil and make marks on a paper

My child can:

- Dress/undress self without help (except for zippers, buttons, etc.)
- Needs assistance with all dressing/undressing tasks

## FAMILY GOALS & PARTNERSHIP

My goals for my child in GSRP include (check all that apply):

- Social Skills
- Kindergarten Readiness
- Communication Skills
- Independence/Self-Help
- Emotional regulation

Do you have any concerns about your child's behavior?

Is there anything else you would like to share?

**Thank you for partnering with us. Your input is an important part of your child's success!**

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