

LONG COUNTY SCHOOL SYSTEM
Special Education Department
Statement of Status
Preschool Learning Areas Referral Information

Name: _____ Date: _____
School: _____ Completed by: _____

A statement of the student's current performance in these areas is needed. Please assess the student's ability as compared to the average preschool student. If there are no problems in a particular area, state that and a brief example of why you feel this to be true. **Do not leave any area blank.** Please give specific examples of areas in which the student displays weaknesses.

Language/Literacy Development (Listening, Phonological Awareness, Vocabulary, Expressive Language, Reading, Writing): _____

Mathematics Development (Numbers, Patterns, Sorting/Classifying, Geometry, Measurement):

Social/Emotional Development (Self-Awareness, Curiosity, Initiative, Self-Direction, Persistence, Self-Control, Interpersonal Skills): _____

Health/Physical Development (Gross Motor, Fine Motor, Health, Safety): _____
