

LONG COUNTY SCHOOL SYSTEM
Special Education Department
Preschool Teacher/Caregiver Report

Name: _____ Location: _____ Date: _____
Teacher/Caregiver: _____

Please summarize the present functioning of this child. Include all pertinent information about the child such as his/her strengths, weaknesses, behavior, self-help skills, social skills, etc. Also, relate any additional information or concerns you may have about this child.

Do you utilize a particular program/curriculum in your setting? _____ If so, name: _____

Are there any strategies or interventions that you have tried with this child? _____

If so, what has been the result? _____
