



## Educational Report for Three- to Four-Year-Old Children

**Department of Special Education and Student Services  
HOWARD COUNTY PUBLIC SCHOOL SYSTEM  
Ellicott City, MD 21042**

Information about your child’s preschool experience will be helpful to the Individualized Education Program (IEP) Team. Please ask your child’s teacher to complete this form.

**Permission for the Release of Records:**

I grant permission to \_\_\_\_\_(preschool) for release of educational information/records concerning my child to the Howard County Public School System.

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

**Contact** \_\_\_\_\_ **at** \_\_\_\_\_ **if you have any questions or concerns. Thank you.**

***DIRECTIONS FOR THE TEACHER (S)***

\_\_\_\_\_ has been referred to the IEP team. Your assistance in completing the *Educational Report for Three- through Four-Year-Old Children* will be appreciated. You should be aware that parents/guardians have the right to review and obtain a copy of the child’s records on file with the Howard County Public School System.

Forward the completed form to: \_\_\_\_\_ at \_\_\_\_\_.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

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

Referral Completed by: \_\_\_\_\_  
Name Title

Date Referral Completed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

State the reason for this referral:

***SCREENING / ASSESSMENT INFORMATION*** (Attach results or reports if available.)

	Dates	Comments
Hearing Screening		
Vision Screening		
Other Screening		
Assessment(s)		



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### COMMUNICATION

Does the child:	Proficient	In Progress	Not yet	Comments/examples
Follow one step directions independently				
Follow two step directions independently				
Identify objects by function				
Identify objects by category				
Speak clearly enough to be understood by most listeners (80% intelligibility)				
Take turns in conversation (emerging)				
Stay on topic during conversation (emerging)				
Answer who, what and where questions correctly				
Use 4-5 word sentences consistently				
Use language to make requests/needs known				
Use past tense(-ed ending) and appropriate pronouns				
Use articles (a, the)				
Use -ing verbs				

### LITERACY

Does the child:	Proficient	In Progress	Not yet	Comments/examples
Enjoy listening to stories				
Points to pictures of objects and actions in storybooks				
Name pictures of objects and actions in storybooks				
Respond to questions about the story				
Gain meaning by listening				
Show beginning phonological awareness				
Show interest in letters and words				



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### MATHEMATICAL THINKING

Does the child:	Proficient	In Progress	Not yet	Comments/examples
Understand and use positional words (over, above, next to, under, on)				
Use number words to comment during snack and/or play (i.e., I want 2 pretzels)				
Understand concepts of one and two				
Identify and counts quantities of one to four				
Show interest in solving mathematical problems				
Sort object in subgroups				
Identify several shapes				
Show understanding of some comparative words				
Participate in measuring activities				

### SCIENTIFIC THINKING

Does the child:	Proficient	In Progress	Not yet	Comments/examples
Use senses to observe and explore classroom materials and natural phenomena				
Begin to use simple tools and equipment for investigation				

### SOCIAL STUDIES

Does the child:	Proficient	In Progress	Not yet	Comments/examples
Begin to recognize own physical characteristics and those of others				
Begin to understand family structures and roles				
Show interest in familiar occupations				
Comment about their environment (notice objects/characteristics)				

### THE ARTS

Does the child:	Proficient	In Progress	Not yet	Comments/examples
Participate in creative movement, dance, music, and drama				
Use a variety of art materials for tactile experience and exploration				
Observe/copy artistic creations and events				



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### ***PHYSICAL DEVELOPMENT AND HEALTH***

#### **GROSS MOTOR**

<b>Does the child:</b>	<b>Proficient</b>	<b>In Progress</b>	<b>Not yet</b>	<b>Comments/examples</b>
Move safely within classroom				
Seat self in classroom chair				
Climb/descend stairs using a rail				
Climb/descend stairs without a rail				
Climb safely on playgroup equipment				

Child: (Check all that apply)

- Jumps   
  runs   
  hops   
  skips   
  throws ball   
  kicks ball   
  catches ball

#### **FINE MOTOR**

<b>Does the child:</b>	<b>Proficient</b>	<b>In Progress</b>	<b>Not yet</b>	<b>Comments/examples</b>
Separate/join duplos or bristle blocks				
Make snips with scissors				
Add 2 to 3 parts to an incomplete person				

Child (Check all that apply):

Imitates:     circle     cross     square     triangle    age appropriately.

Manipulates toys such as;   
  Play-Dough   
  blocks   
  books   
  pegs   
  beads  
 puzzles    age appropriately.

#### **SELF CARE**

<b>Does the child:</b>	<b>Proficient</b>	<b>In Progress</b>	<b>Not yet</b>	<b>Comments/examples</b>
Complete toileting without assistance				
Remove or put on coat or jacket				
Wash and dry hands without assistance				
Chew most food well				

Child (Check all that apply):

Neatly feeds self using:     fingers     regular cup     straw     spoon



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### ***PERSONAL AND SOCIAL DEVELOPMENT***

<b>Does the child:</b>	<b>Proficient</b>	<b>In Progress</b>	<b>Not yet</b>	<b>Comments/examples</b>
Play by self				
Play next to other children				
Play with other children				
Play with a variety of toys				
Demonstrate appropriate attention skills				
Demonstrate appropriate interaction with adults				
Accept change/transition				
Demonstrate self confidence				
Follow classroom routines/directions with guidance				
Cooperate in group activities				
Show eagerness and curiosity as a learner				
Begin to use classroom materials carefully				
Show empathy and caring for others				
Seek adult help when needed to resolve conflicts				

How long does the child attend to preferred activities? \_\_\_\_\_ Non-preferred activities? \_\_\_\_\_

Shows tantrums/aggression by biting, hitting etc.       Yes       No

**Check any of the following that are of concern regarding this child.**

- |  |   |
|--|---|
| <input type="checkbox"/> Demands must be met immediately<br><input type="checkbox"/> Disturbs other children<br><input type="checkbox"/> Mood changes intensely and without warning<br><input type="checkbox"/> Uncooperative with adults<br><input type="checkbox"/> Under-reactive to sensory experiences<br><input type="checkbox"/> Over-reactive to sensory experiences<br>(touch, movement, vision, sound, taste, smell) | <input type="checkbox"/> Easily frustrated<br><input type="checkbox"/> Always up and on the go<br><input type="checkbox"/> Decreased eye contact in social situations<br><input type="checkbox"/> Impulsive<br><input type="checkbox"/> Fails to finish tasks<br><input type="checkbox"/> Repetitive behaviors or interests<br>(jumping, spinning, hand flapping)<br>Describe _____ |
|--|---|

\_\_\_\_\_  
*Signature of teacher completing this report*

Date \_\_\_\_\_