**PRESCHOOL ANNUAL REVIEW PROGRESS REPORT**

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| Name of Student: | Chronological Age:Student’s Date of Birth: |
| Date of Report: | Service Provider: |
| Related Service: | Provider Agency:  |
| School District: | IEP Dates of Service: |

Describe students overall performance and progress toward goals. Include data collected in monitoring progress, behavioral concerns, pragmatic ability and other observations to demonstrate a complete picture of this student.

1. **Include a narrative statement discussing the child’s current level of functioning in all areas of development**

**(5 domains) including strengths, continuing needs, and progress achieved.**

1. **Include a narrative statement describing the child’s functioning in the environment where the child is seen (at home or the preschool) with his/her typical peers, if applicable.**
2. **Include a narrative statement describing communication with the classroom teacher and parents.**
3. **Include a narrative statement describing the interventions implemented in the classroom, if applicable.**
4. **If there any are behavioral issues and a BIP is in place, a narrative statement describing the child’s response to the BIP must be written. Attach a copy of the BIP. (SEITs)**
5. **Describe progress toward goals (factors influencing child’s progress including attendance, parent involvement, classroom teacher involvement)**
6. **Describe progress toward objectives (benchmarks) – those that have been met and those that are still being worked on. *\*\*Include data collected toward goals.***
7. **If you are the Coordinator of Services, provide a statement reviewing your communication and activities with all other service providers and parents.**
8. **If there is evidence concerning a child’s regression, describe the regression and provide data.**

Conclusions and Recommendations:

1. **List all other services received by child and family.**
2. **Based on summary of child’s current level of functioning and observations, write a statement that sums up child’s strengths and continuing needs or concerns.**
3. **Service type, frequency, duration and location are determined by the CPSE, and therefore, should not be included in the report.**
4. **Recommendations for any additional evaluations must be discussed with your supervisor and then with the CPSE Chair prior to the Annual Review Meeting. The CPSE Chair may require a separate written rationale.**
5. **Any discussion about a child must involve the parent or guardian.**

Date Signature of Related Service Provider Title

CC: Student’s CPSE Chairperson

 Parents/Guardians