

**MARIA TORROELLA CARNEY, M.D., F.A.C.P.**

COMMISSIONER

**THOMAS R. SUOZZI**

COUNTY EXECUTIVE

**NASSAU COUNTY DEPARTMENT OF HEALTH**

**OFFICE OF CHILDREN WITH SPECIAL NEEDS**

**Preschool Special Education Program**

**QUARTERLY PROGRESS REPORT**

**RELATED SERVICE**

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

**Progress Mark Legend: A**- Achieved, **PS**- Progressing Satisfactorily, **PG**- Progressing Gradually

**PI**- Progressing Inconsistently, **NA**- Not Achieved, **NI**- Not Introduced, **SC**- See Comments

**Goals(s)/Objectives(s):**

**Summary of Progress:**

**Conclusions and Recommendations:**

Services to continue as per current IEP.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Related Service Provider/ Title Date

CC: Student’s CPSE Chairperson

Parents/Guardians