**NASSAU COUNTY DEPARTMENT OF HEALTH**



**OFFICE OF CHILDREN WITH SPECIAL NEEDS**

**Preschool Special Education Program**

**ANNUAL REVIEW PROGRESS REPORT**

**SEIT SERVICE**

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

Assessments Administered (Formal/Informal): Assessment Scores/Results\*:

**This section should include informal measures to determine areas of strength and need which include developmental checklists, probe sheets, data collection, norm-referenced info/charts, language sampling, teacher/parent/provider interview and direct observation.**

**\*\*\*\* NO Formal/Standardized testing should be included in this report unless it is stated in the goals section of the student’s IEP as the method of monitoring progress on their specific goals. \*\*\*\***

Summary of Assessment Results and Progress toward Goals(s) and Objective(s):

**This section must include:**

1. **Goals must be listed with updated progress marks.**
2. **Include a narrative statement discussing the child’s current level of functioning including strengths, continuing needs, and progress achieved.**
3. **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.**
4. **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.**
5. **Include a narrative statement describing the interventions implemented in the classroom.**
6. **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.**
7. **Describe progress toward goals including factors influencing child’s progress including attendance, parent involvement, and classroom teacher (if applicable) involvement.**
8. **Summarize child’s progress from initiation of current IEP services to the present.**
9. **Include a narrative statement describing communication with the classroom teacher (if applicable) and parents.**
10. **You must provide a statement reviewing your communication and activities with all other service providers and parents.**
11. **If there is evidence concerning a child’s regression, describe the regression and provide data. \*must ALSO complete separate regression tool, found on our website\***

Conclusions and Recommendations:

1. **List all other services received by child and family.**
2. **Based on summary of child’s assessments, current level of functioning and observations, write a statement that sums up child’s strengths and continuing needs or concerns.**
3. **Final statement must include: Final recommendations will be discussed at the Committee on Preschool Education or Committee on Special Education Meeting where a team determination of services will be made.**

Signature of SEIT Provider Date

CC: Student’s CPSE Chairperson

Parents/Guardians

PS 4003G SEIT Service Annual Review Progress Report Guidance Jan. 2010