**NASSAU COUNTY DEPARTMENT OF HEALTH**

**OFFICE OF CHILDREN WITH SPECIAL NEEDS**

**Preschool Special Education Program**

**ANNUAL REVIEW PROGRESS REPORT**

**SEIT SERVICE**

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

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

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

***Conclusions and Recommendations:***

**Final recommendations are to be discussed during the Annual Review Committee on Preschool Special Education (or Committee on Special Education) meeting where actual determination of services will be made.**

Signature of SEIT Provider Date

CC: Student’s CPSE Chairperson

 Parents/Guardians