

**SEIT Quarterly Review Progress Report**

***SEIT Service SEIT/ABA Service***

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| Name of Student: | District: Borough: |
| DOB: CA: | NYC ID # |
| Parent: Phone: | Frequency Duration:  |
| Language: | Provider Phone #: |

***Background History:***

***Goals /Objectives:***

 ***PROGRESS CODES******M*** *= Mastered* ***PM*** *= Partially Mastered* ***E*** *= Emerging* ***O*** *= Ongoing* ***NA*** *= Not Applicable*

***Summary of Progress toward Goals and Objectives (Present Levels of Performance):***

***Conclusions and Recommendations:***

Student will continue service as per the current IEP.

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