

# ANNUAL REVIEW PROGRESS REPORT

**SPECIAL EDUCATION ITINERANT SERVICES**

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| --- | --- |
| Name of Student: | Student’s date of Birth: |
| Date of Report: | Chronological Age: |
| Related Service: | Special Education Itinerant Teacher: |
| School District: | Provider Agency (if applicable): **All About Kids** |

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

Summary of Assessment Results and progress toward Goal(s) and Objectives(s):

Conclusions and Recommendations***:***

**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.**

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Date Signature of Special Education Itinerant Teacher

CC: Student’s CPSE Chairperson

Parents/Guardians