

# ANNUAL REVIEW PROGRESS REPORT (CPSE)

**RELATED SERVICE**

|  |  |
| --- | --- |
| Name of Student: | Student’s date of Birth: |
| Date of Report:NYC ID#: | Chronological Age: |
| Related Service: | Related Service Provider: |
| District/Borough: | 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.**

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

Date Signature of Related Service Provider Title

CC: Student’s CPSE Chairperson

 Parents/Guardians