

**WESTCHESTER COUNTY CPSE PROGRESS REPORTING FORM**

Date:

Student Name:

DOB:

School District: \_\_\_\_\_

Therapist Name and Agency: \_\_\_\_\_

Therapist Email and Phone: \_\_\_\_\_

Service and Mandate:

Strengths: \_\_\_\_\_

Goal #1 Goal number (Write out each benchmark):

Achieved

Progressing Satisfactorily

Progressing Gradually

Not Introduced

\_\_\_\_\_ is working on (improving) their ability to: \_\_\_\_\_

Goal #2 Goal number (Write out each benchmark):

Achieved

Progressing Satisfactorily

Progressing Gradually

Not Introduced

\_\_\_\_\_ is working on (improving) in his ability to: \_\_\_\_\_

Therapist signature: