

**FORMAT FOR
SPECIAL EDUCATION PRESCHOOL PROGRAM
RELATED SERVICE
ANNUAL REVIEW PROGRESS REPORT**

Name of Student: _____	Student's Date of Birth: _____
Date of Report: _____	Chronological Age: _____
Related Service: _____	Related Service Provider: _____
School District: _____	Provider Agency (if applicable): _____
Total Units Authorized: _____	Total Units Used: _____ Total Units Missed: _____

Assessments Administered (Formal/Informal):

Assessment Scores/Results:

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

Conclusions and Recommendations:

Date	Signature of Related Service Provider	Title
	c: Student's CPSE Chairperson Parents/Guardians Suffolk County Dept. of Health Services, Services for Children with Special Needs 50 Laser Court, Hauppauge, NY 11788 Att: Coordinator of Preschool Special Education/Contracted Services	