

ANNUAL REVIEW COVER SHEET

RECOMMENDATIONS CPSE/CSE school year (2015-2016)

Student Name: _____ DOB: _____

Therapist Name: _____ Discipline: _____

School District: _____

DISCONTINUATION OF SERVICES in CPSE:

___ Does not qualify for services in 2015-2016 school year. Discharge date: _____

___ Preschool Outcome Summary testing completed (e.g. PES)

___ Kindergarten in September (no services)

CONTINUATION OF SERVICES

___ Transition into CSE (services in Kindergarten in September)

___ Preschool Outcome Summary testing completed (e.g. PES)

___ Continue in CPSE **Recommendations for school year (2015-2016):

**Discipline: frequency/duration/location: _____

SPAMS (Social, Physical, Academic, Management)-reflecting present developmental levels, strengths and needs)

___ Data entered in IEP Direct (required for district using IEP Direct)

___ SPAMS attached to ANNUAL REPORT on SPAMS form (only for districts NOT using IEP District)

IEP GOALS (recommendations for next school year)

___ Goals entered in IEP Direct (required for districts using IEP Direct)

___ Goals attached to ANNUAL REPORT on goal form (only for districts NOT using IEP Direct)

___ No services/goals recommended

SUMMER SERVICES

___ Not recommended

___ Yes Recommended ***must complete the following:

___ Rationale/Regression Measurement Tool Statement attached

___ Summer goals entered in IEP Direct (required for districts using IEP Direct)

___ Summer goals attached on goal form (only for districts NOT using IEP Direct)

Quarterly IEP (coinciding with Annual Review)

___ Progress Marks entered in IEP Direct (required for district using IEP Direct)

ADDITIONAL COMMENTS: (e.g. revised current goals, request for additional evaluations, etc)

