

**Suffolk County Department of Health Services
Division of Services for Children with Special Needs**

**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 of Student: _____	
SEIT Provider Name: _____	Agency/School Name: _____
School District: _____	IEP Dates of Service: _____ to _____

Assessments Administered (Formal/Informal):

Assessment Scores/Results:

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

Conclusions and Recommendations:

Signature of SEIT Provider: _____ Date: _____

**cc: Student's CPSE Chairperson
Parents/Guardians
Suffolk County Dept. of Health Services
Div. of Service for Children with Special Needs
50 Laser Court, Hauppauge, N.Y. 11788
Attn: Coordinator of Preschool Special Education Services**