

"Your Starting Source for Educational and Therapeutic Professionals."

PRESCHOOL ANNUAL REVIEW REPORT
*******add your service***** THERAPY**

NAME:

DATE OF REPORT:

DOB:

THERAPIST:

ATTENDANCE:

First date of service:

Sessions attended (including make-ups):

Sessions missed – Provider absence:

Sessions missed – Child absence:

Sessions made up:

GENERAL BACKGROUND:

Services on IEP:

Location of services:

Class:

Significant background:

INITIAL LEVEL OF PERFORMANCE: (Short summary of child's initial evaluation. Also include information from previous year's annual review report if applicable)

PRESENT LEVEL OF PERFORMANCE: (Summary of how child is doing at time of report)

GOALS: (goals, Achieved, Not Achieved, Partially Achieved, and sentence or two regarding progress)

TESTING RESULTS: (Name of assessment(s), date of assessment(s), results/scores, interpretation of scores)

SUMMARY: (Summary of child's strengths/areas for improvement, and test results (age appropriate, delayed, etc. NO recommendations for continuing service or for discharge)

(Name)
License #

Cc: Parents
School District
Orange County Dept. of Health