

"Your Starting Source for Educational and Therapeutic Professionals."

Preschool Quarterly IEP Cover Letter

Student Name: _____ DOB: _____

School District: _____

Therapist Name: _____

Discipline: _____

Enclosed please find the (circle one) Summer 1st 2nd 3rd 4th quarterly IEP progress notes for the above named student. If you have any questions please call.

Therapist Signature / Credentials

Date