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Your Starting Source for Educational and Therapeutic Professionals.

ULSTER COUNTY PRESCHOOL SPECIAL EDUCATION SERVICES PROGRAM
QUARTERLY PROGRESS NOTE

SCHOOL YEAR: _____ SCHOOL DISTRICT: _____
_____ 1STQ (Sept/Oct/Mid-Nov) due November 30th
_____ 2NDQ (Mid-Nov/Dec/Jan) due January 31st
_____ 3RDQ (Feb/Mar/Mid-Apr) due April 30th
_____ 4THQ (Mid-Apr/May/Jun) due June 30th
_____ DISCHARGE DATE: _____

Child's Name: _____ Date of Birth: _____

Provider Name: _____

Agency Name (if applicable): Oxford Consulting Services

Service: _____ Frequency: _____ Location: _____

Progress Note/Narrative (at minimum must include present level of performances of the student, progress the student is making toward meeting projected outcomes of benchmarks of goals as specified on the IEP; measurements/criteria) – add additional pages as necessary:

Multiple horizontal lines for writing the progress note/narrative.

Therapist's signature/credentials/license # _____ Date _____
(Where applicable – must be countersigned by appropriate supervisor – SLP/OTR/PT)

Under the Supervision/Direction of: _____ (print name)

Supervisor's signature/credentials/license # _____ Date _____