**PRESCHOOL ANNUAL REVIEW REPORT**

**\*\*\*\*add your service\*\*\*\*\* THERAPY**

**NAME:**   **DATE OF REPORT:**

**DOB:**   **THERAPIST:**

**ATTENDANCE:**

First date of service: Sessions missed – Provider absence:

Sessions attended (including make-ups): 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