**AGE OUT PROGRESS REPORT**

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| --- | --- | --- |
| **Student’s Name:** | **Date of Birth:** | **NYC ID:** |
| **SEIT Mandate:**  **RS Mandate:** | **SEIT FAD:** | **Location of Services:** |

**SEIT Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Review of the educational service(s) and description of the student’s responses to the service**
* **Review of the IEP goals & objectives and the student’s current levels of performance in achieving the goals**

1. **Cognitive Skills**
2. **Child’s Strengths:**
3. **Child’s Weaknesses:**
4. **Communication Skills**
5. **Child’s Strengths:**
6. **Child’s Weaknesses:**
7. **Social emotional Skills**
8. **Child’s Strengths:**
9. **Child’s Weaknesses:**
10. **Self Help Skills**
11. **Child’s Strengths:**
12. **Child’s Weaknesses:**
13. **Motor Skills**
14. **Child’s Strengths**

**Fine Motor:**

**Gross Motor:**

1. **Child’s Weaknesses**

**Fine Motor:**

**Gross Motor:**

1. **Recommendations for placement/services for the next school year.**

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name/ Credential:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Report Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**