**ANNUAL 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **List all the annual IEP goals & Objectives and indicate the student’s current levels of performance in achieving goals.**

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| **Annual Goal:** | **Level of Performance toward Annual Goal:** |
| **Short Term Objectives** | **Level of Performance for each Objective** |
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| **Annual Goal:** | **Level of Performance toward Annual Goal:** |
| **Short Term Objectives** | **Level of Performance for each Objective** |
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| **Annual Goal:** | **Level of Performance toward Annual Goal:** |
| **Short Term Objectives** | **Level of Performance for each Objective** |
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| **Annual Goal:** | **Level of Performance toward Annual Goal:** |
| **Short Term Objectives** | **Level of Performance for each Objective** |
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| **Annual Goal:** | **Level of Performance toward Annual Goal:** |
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| **Annual Goal:** | **Level of Performance toward Annual Goal:** |
| **Short Term Objectives** | **Level of Performance for each Objective** |
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***(Be descriptive in your explanation of child’s performance in each domain, use specific examples, 1-2 paragraphs)***

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. **Suggested modifications to the duration and frequency of educational service(s), if any. State if parents/guardians are in agreement with your recommendations and description of the performance.**

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

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

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