**QUARTERLY 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. **Below 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:** | **Indicate progress of Student**  **Not Yet Emerging Goal Met** |
|  |  [ ]   |  [ ]  |  [ ]  |
| Objective:  |  [ ]   |  [ ]  |  [ ]  |
| Objective:  |  [ ]   |  [ ]  |  [ ]  |
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| **Annual Goal:** | **Indicate progress of Student**  **Not Yet Emerging Goal Met** |
| Objective:  |  [ ]   |  [ ]  |  [ ]  |
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| **Annual Goal:** | **Indicate progress of Student**  **Not Yet Emerging Goal Met** |
| Objective:  |  [ ]   |  [ ]  |  [ ]  |
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1. **Review of the educational service(s) and description of the student’s responses to the service.**
2. **The extent to which progress is sufficient to enable the child of achieving the IEP and annual goals by the end of the IEP period.**
3. **Suggested modifications to the duration and frequency of educational service, if appropriate. Recommended changes to goals and objectives, if needed.**

**Signature**:

**Print Name/ Credential:**

**Date Report Completed:**