**ANNUAL REVIEW REPORT**

Name of Student: Date of Birth:

Date of Report: Age:

Provider’s Name: Service:

Location of Services: IEP Dates of Services: Agency: NY Therapy Placement Services, Inc. District:

# Assessments Administered (Formal/Informal) & Assessment Scores/Results

The school district has not requested additional testing at this time. Informal assessment is based on sessions and session notes, data collection, Provider/teacher communication and Provider/Parent(s) communication.

**Summary of Progress Toward Goal(s) and Objectives:**

XXX is a 4-year-old child who currently receives Parent Training services 2 times per month for 60 minutes at home. Parent training services started in (month) and both parents are active participants during sessions. Parent training services focus on…

(Child’s name) is progressing satisfactorily with increasing attention to tasks at home. State how this goal is being targeted, what strategies the parents are utilizing, the prompts that are needed and how the child is responding, etc.

XXX continues to work on sharing and taking turns with his brother. A timer and parental supervision have been suggested. “XXX Family Rules” are posted in the kitchen and reviewed daily which include sharing and appropriate, expected behaviors. Self-regulation of emotions during heightened moments continues to require parental assistance and intervention.

Transitioning from preferred activities continues to require parental assistance to guide XXX to his next activity, a timer set by the parent to signal the end of the activity and verbal warnings, but growth is noted. Both parents continue to present XXX with verbal cues of what needs to be done “first” and “then” what will happen (e.g. first we have to clean up and then we can go to the playground).

A “Calm Down” area has been set up to assist XXX when his emotions run high assisting with self-regulating. This area provides XXX with a comfortable space (bean bag, or large pillows, bed or chair) in which he feels safe containing soft plush options, favorite books and quiet toys. Parents report that XXX has adapted well and has been observed to initiate the request to go to his calming area.

Redirection back to task and a “first and then” strategy is being followed to address compliance when requests to perform less desired activities are made and to assist with increasing attention to task. Choices are limited to two activities giving XXX the opportunity to make decisions

within the perimeters set by Mr. and Mrs. XXX. A waiting protocol of counting to “5” before

XXX’s requests are met has been introduced and is being practiced with Mrs. XXX reporting an increase in XXX’s ability to delay immediate gratification.

**Conclusions and Recommendations:**

XXX has made XXX progress with…. XXX continues to need support with…

It is recognized that eligibility and determination of services is the responsibility of the CPSE/CSE Committee.

These proposals have been developed in keeping with education in the least restrictive environment. It is recognized that eligibility and determination of services is the responsibility of the CPSE/CSE Committee.

**Signature of Provider: Date:**

# PRESCHOOL SPECIAL EDUCATION PROGRAM REGRESSION TOOL

Name of Student:

Service Mandate:

Date (s) of Missed Session:

# of Consecutive Sessions Missed:

Reason:

**RATIONALE FOR EXTENDED SCHOOL YEAR BASED ON:**

Please check one or both if applicable

Highly Intensive Needs [ ] Substantial Regression [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill Attainment Prior to Treatment Interruption (before missed sessions)** | | | | | |
| Must Include Data for EACH Session Entered | | | | | |
| Baseline data must be a minimum of 3 sessions | | | | | |
| **Short Term IEP Objective** | **Session 1**  **Date** | **Session 2**  **Date** | **Session 3**  **Date** | **Session 4**  **Date** | **Session 5**  **Date** |
| #1 |  |  |  |  |  |
| #2 |  |  |  |  |  |
| #3 |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Skill Attainment Post Treatment Interruption (after missed sessions)** | | | | | | | | | | |
| **Short Term IEP**  **Objective** | **week 1** | **week 2** | **week 3** | **week 4** | **week 5** | **week 6** | **week 7** | **week 8** | **week 9** | **# of weeks to recoup learned skill to the level prior to**  **interruption** |
| **#1** |  |  |  |  |  |  |  |  |  |  |
| **#2** |  |  |  |  |  |  |  |  |  |  |
| **#3** |  |  |  |  |  |  |  |  |  |  |

**Rationale for Extended School Year: Write a justification of severity of regression and/or highly intensive needs. Include or attach all charting, documentation, a narrative and any other information to justify recommendation for Extended School Year. *Please remember, the purpose of Extended School Year is to prevent substantial regression and maintain progress.***

**Provider Signature: Date**