**ANNUAL REVIEW REPORT**

**Example**

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:**

(Child’s name) is an energetic 3-year-old boy who receives SEIT services 3 times a week for 60 minutes at (name of school). SEIT services started in February and focus on increasing social skills and interacting appropriately with peers, transitioning from one activity to the next and following the classroom routine.

(Child’s name) enjoys peer and teacher interactions and is always eager to play with others. Although (child’s name) has mastered functional communication with peers, that is with an adult model and not independent at this time. Teachers continue to report aggressive behavior (hitting, pushing, kicking) with peers during the school day. When (child’s name) has support with the provider, he does not display physical behaviors, and he is able to use words to communicate his needs or wants. He has been observed to imitate the provider during play and communicate with peers appropriately (“Can I have that toy”, “My turn please”, etc.). Teachers report that (child’s name) has pushed peers off a platform on the playscape outside, has swatted peers using open hand, has kicked with feet, or pushed with hands). Provider has only observed two instances of these behaviors over the past 2 months of services. (Child’s name) continues to demonstrate difficulty without SEIT support.

(Child’s name) continues to work on following the classroom routine and transitioning from one activity to the next appropriately and is progressing gradually. During transitions, he has been observed running away or running throughout the classroom when verbal directives are provided. He requires significant 1:1 support and guidance to work on these goals. He currently uses a first, then visual cue card which shows him what he is currently working on and what he is earning. The provider uses a timer for each transition and gives a verbal time warning at each

minute. (Child’s name) responds well to transition songs and visuals.

(Child’s name) continues to learn coping strategies that can be used in various situations and is progressing satisfactorily. Provider is using visuals and social stories to help teach appropriate response to disappointing situations. He continues to learn how to cope with situations that are disappointing such as being denied access to toys, and/or activities. He is responding well to

these strategies. Provider is also teaching socially appropriate behavior by using social stories and identifying positive/negative responses.

**Conclusions and Recommendations:**

While (child’s name) is making some progress, he continues to need maximum support to work on the goals on his IEP. Teachers continue to report an increase in aggressive behaviors when the SEIT is not present. (Child’s name) continues to require support in a general education setting.

The provider recommends a (increase, decrease, continuation, discontinuation) of SEIT services. The provider recommends/does not recommend summer services.

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: actual or electronic signature (NO SCRIPT FONT) Date:

# PRESCHOOL SPECIAL EDUCATION PROGRAM REGRESSION TOOL

## Highly Intensive Needs EXAMPLE

Name of Student:

Name of Provider:

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 [ X ] 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.***

The SEIT is requesting summer services due to highly intensive needs. (Child’s name) currently receives SEIT services 3x60 at (name of school). He will be attending the same preschool 5 days a week in the summer. He requires significant 1:1 support from the SEIT and classroom teacher to teach appropriate communication with peers as he continues to display aggressive behavior

(hitting, pushing, kicking). Teachers report that (child’s name) engages in physical behavior with his peers impulsively, or when he is denied access to a toy/activity. He has been observed by SEIT to hit with open hand and push peers. While he does enjoy play and peer interactions, he requires support and interventions to engage in socially acceptable and appropriate behavior at school. He requires modeling paired with a timer to appropriately communicate and engage in cooperative play. (Child’s name) continues to require maximum support to use his words when he wants something, rather than physically grabbing toys. Modeling appropriate language and remaining in close proximity is required by the SEIT and teaching staff for (child’s name) to learn how to use his words to communicate instead of physical behaviors.

The classroom teacher continues to report an increase in aggressive behavior when the SEIT is not present. The classroom staff must maintain close proximity to ensure the safety of the child and other children in the classroom. At this time, safety is a great concern.

Provider Signature: actual or electronic signature (NO SCRIPT FONT) Date:

# PRESCHOOL SPECIAL EDUCATION PROGRAM REGRESSION TOOL

## Data Regression EXAMPLE

Name of Student:

Name of Provider:

Service Mandate: 5x/60 per week

Date (s) of Missed Session: 12/25/23 – 1/5/24 # of Consecutive Sessions Missed: 10

Reason: school closed for winter recess and child illness

# RATIONALE FOR EXTENDED SCHOOL YEAR BASED ON:

Please check one or both if applicable

Highly Intensive Needs [ X ] Substantial Regression [ X ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 (Child’s name) will attend to tasks without distractions during group lessons. | 12/18/23  70% | 12/19/23  70% | 12/20/23  605 | 12/21/23  70% | 12/22/23  70% |
| #2 (Child’s name) will transition from one activity to the next appropriately. | 50% | 60% | 70% | 70% | 70% |
| #3 (Child’s name) will engage in cooperative play and use his words when he wants a toy. | 60% | 60% | 70% | 70% | 70% |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 goals prior to interruption** |
| **#1** | 30% | 30% | 40% | 40% | 50% | 50% | 60% | 60% | 70% | 9 |
| **#2** | 25% | 25% | 25% | 40% | 40% | 50% | 60% | 60% | 70% | 9 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#3** | 30% | 30% | 40% | 40% | 50% | 60% | 60% | 70% | 70% | 8 |

**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.***

(Child’s name) currently receives SEIT services 5 times per week for 60 minutes at (name of school). The provider is recommending summer services due to highly intensive needs and data regression. As shown in the data above, it has taken 8-9 weeks for (child’s name) to recoup the learned goals prior to the break in services.

(Child’s name) requires significant 1:1 teacher support in order to follow classroom routines, transition appropriately, and engage in cooperative play with others. He requires adult supervision throughout the entire school day and especially during center time, free play time, and any unstructured time to ensure safety of the child and others. (Child’s name) continues to need support with using his words. He requires teacher support and full verbal prompting to interact positively with others in addition to maintaining an appropriate distance from peers and adults. He requires significant 1:1 support to maintain attention to task and complete assignments. His inability to maintain attention directly impacts his success in his learning environment. (Child’s name) requires modified picture schedule, visual cues, social stories, and scheduled breaks in order to follow classroom routines and function appropriately within the classroom environment.

Provider Signature: actual signature or electronic signature (NO SCRIPT FONT) Date: