**Preschool Progress Report Form**

🗹 1st, 2nd, 2rd, Summer, Turning 5 or Annual

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|  | Mandated Months of Services: Click or tap here to enter text. |
| Child’s Name: Click or tap here to enter text. |
| Child’s Date of Birth: Click or tap here to enter text. | Provider Name: Click or tap here to enter text. |
| NYC ID#: Click or tap here to enter text. | Related Service: Click or tap here to enter text. |
|  | Individual Mandate: Click or tap here to enter text. |
| First Attend Date (FAD): Click or tap here to enter text. | Group Mandate: Click or tap here to enter text. |
| Language: Click or tap here to enter text. | Duration: Click or tap here to enter text. |

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| **Present Level of Performance** |
| Click or tap here to enter text. |

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| **Rate of Current Progress** |
| Pending | P | Provider has not begun to work on goal. |
| No Progress | 1 | Child has made limited progress. More time is needed to achieve goal |
| Inconsistent progress | 2 | Child has made inconsistent progress. More time is needed to achieve goal. |
| Gradual Progress | 3 | Child made some progress; goal will likely be achieved by the end of the year. |
| Significant Progress | 4 | Child is making consistent progress; goal will likely be achieved by the end of the year. |
| Goal Achieved | 5 | Child has achieved the goal. |

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| **IEP Annual Goal #1:** | **Rate of Current Progress** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Description of Progress toward Goal/Objectives and Method of Measurement:** |
| Click or tap here to enter text. |

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| **IEP Annual Goal #2:** | **Rate of Current Progress** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Description of Progress toward Goal/Objectives and Method of Measurement:** |
| Click or tap here to enter text. |

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| **IEP Annual Goal #3:** | **Rate of Current Progress** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Description of Progress toward Goal/Objectives and Method of Measurement:** |
| Click or tap here to enter text. |

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| **IEP Annual Goal #4:** | **Rate of Current Progress** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Description of Progress toward Goal/Objectives and Method of Measurement:** |
| Click or tap here to enter text. |

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| **IEP Annual Goal #5:** | **Rate of Current Progress** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Description of Progress toward Goal/Objectives and Method of Measurement:** |
| Click or tap here to enter text. |

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| **IEP Annual Goal #6:** | **Rate of Current Progress** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Description of Progress toward Goal/Objectives and Method of Measurement:** |
| Click or tap here to enter text. |

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| **IEP Annual Goal #7:** | **Rate of Current Progress** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Description of Progress toward Goal/Objectives and Method of Measurement:** |
| Click or tap here to enter text. |

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| **IEP Annual Goal #8:** | **Rate of Current Progress** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Description of Progress toward Goal/Objectives and Method of Measurement:** |
| Click or tap here to enter text. |

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| **Comments:** |
| Click or tap here to enter text. |

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| **Recommendations** (for turning 5 and annual reports only)**\*:** |
| Click or tap here to enter text. |

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| Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap to enter a date. |
| Provider Signature | Title | Date |

**\*All final decisions and recommendations will be made at the child’s CPSE/CSE meeting.**