**TO:** Preschool Providers Who Service Putnam Students **FROM:** CPSE CHAIRS of Putnam School Districts **DATE:** November 12, 2014 **RE: ANNUAL REVIEW PRESCHOOL PROVIDER REQUIREMENTS FOR PUTNAM SCHOOL DISTRICTS**

**ANNUAL REVIEW REPORT: All Preschool Providers who service Putnam Students MUST use the REVISED 10-2014 PUTNAM SCHOOLS PRESCHOOL ANNUAL REVIEW REPORT FORM(Attached)**

* This is a word document so editing, spell check, etc. is functional.
* You may type or handwrite report
* **Provider Signature, Initials, and Date MUST be handwritten** – so all completed reports must be printed, signed, initialed, dated, and then sent to the CPSE (follow your agency protocol).
* Please type only in “ \*white starred boxes” - There is no typing limit in each starred box
* If a box does not apply to you, leave it blank, or type n/a
* The new “**Brief Introduction of Child**” box on bottom of page one has been added to provide an opportunity to start your report with a brief, positive, introduction of this child
* The last box “**Additional Information** ~ **If Applicable**” is **OPTIONAL.** It allows you to add any additional information if you feel you were not able to address it elsewhere
* Name of child must be on every page – Options: 1. Print report and hand write child’s name into footer area on each page or 2. Double click on footer area to open up footer, and type child’s name
* In PLEPS section, please BULLET or LIST information in your professional domain only (unless you have specific observations in other domains); Then use last column to explain how listed strengths/needs affect child’s ability to learn or participate in age appropriate activities

**SUGGESTED GOALS (for next school year):**

* **IEP GOALS ARE DEVELOPED AT THE CPSE MEETING** – so, although providers discuss the child’s progress, needs, and possible goal areas with the family, formal GOALS should not be given to the parent prior to the CPSE Meeting. (At the meeting goal suggestions will be discussed and final goals will be developed)
* **REVISED 10-2014 SUGGESTED IEP GOALS FORM (Attached)** goes to the CPSE (follow your agency protocol)
* Remember: “NEEDS” in PLEPS drive the Goals; 2- 3 maximum goal suggestions in your area
* You can type or hand write suggested goals on form; make sure child’s name is on top of each page

**ESY REMINDER:**

* NYSED Regulations state that ESY services provided are only to **prevent substantial regression**; all children are expected to regress
* Extended School Year services are Not designed to “maintain or increase skills”
* Providers must observe and document regression throughout the year to demonstrate need for ESY
* Providers of children in SCIS Programs, Related Services Providers, and SEITs must use **Putnam School Districts Preschool ESY Form rev. 12-13 (Attached)** if you still feel ESY should be considered
* ESY eligibility and recommendations will be made on a case by case basis by the CPSE and are based on progress data and any other documentation submitted
* Please help parents understand these Regulations so their expectations are realistic and disappointment is avoided

**QUESTIONS**/**CONTACT INFORMATION:**

* Please feel free to contact Putnam County CPSE Chairs with questions or concerns – **Contact List Attached**
* Technical Questions related to the Form contact Gail Maisel [gail.maisel@putnamcountyny.gov](mailto:gail.maisel@putnamcountyny.gov)