|  |  |  |  |
| --- | --- | --- | --- |
| **DISTRICT:** | \* | **SCHOOL YEAR:** | \* |
|  |
| **CHILD NAME:** | \* | **DOB:** | \* | **AGE:** | \* |
|  |
| **CURRENT IEP SERVICE:** | \* |  **CLASS/PROGRAM:** | \* |
|  *(OT, PT, etc., Group/Individual, Frequency, Duration) (6:1:1, 8:1:1, etc.)* |
| **PROVIDER NAME** | \*  | **TITLE** | \* | **CREDENTIALS** | \* |
|  |
| **PROVIDER AGENCY** | \* | **PROVIDER SIGNATURE** |  | **DATE** |  |
|  **Hand Written Signature – Do Not Type Hand Write** |
|  | **I CERTIFY THAT THIS REPORT WAS REVIEWED WITH PARENT/GUARDIAN** |
| **Provider Initials – Do Not Type**  |
| **SERVICE****HISTORY** | ***First Date of Service*** | \* |  ***TOTAL # of sessions delivered to date (including makeups):*** | \* |
| ***# sessions missed******due to provider absence:*** |  | ***# sessions missed due to child absence:*** |  | ***Total # of makeups:*** |  |
| \* | \* | \* |
| **Significant Medical/Developmental/Diagnosis Information *(if applicable*):** \* |
|  ***L******O******C******A******T******I******O******N***  | **SCHOOL/DAYCARE/FACILITY** |  | **HOME** |
| ***Preschool/Daycare/Facility Name*:****\*** | **Are any sessions done in the home? (Yes/No)** |
| \* |
| ***Class Size:*** | \* | ***Staff Ratio:***  | \* | ***Parent/Caregiver Present During Sessions?*** |
| **Days/Hours Child Attends:** | \* | \* |
| ***Days/Hours You Are There; Classroom Activities Occurring During Your Session/s:*** | ***Days/Hours You Are There:*** |
| \* | \* |
|  |  |
| ***Brief Introduction of Child:*** \* |
|  |
| **PRESENT LEVELS OF PERFORMANCE (PLEPS)** |
| **Please provide BULLETS or LIST of** **Strengths & Needs** **in your professional domain only,**  **unless you have specific** **observations in other domains** | **Strengths** *Preferences, Interests* | ***Needs****Developmental and functional needs of the student, including consideration of student needs that are of concern to the parent* | ***Describe how child’s strengths and needs affect child’s ability to learn and/or participate in age appropriate activities****. Describe child’s functioning in preschool setting/activities. Include carryover strategies provided to caregivers, staff* |
| **Academic Achievement /** **Learning Characteristics** *Levels of knowledge and development in subject and skill area including activities of daily living, level of intellectual functioning, adaptive behavior, expected rate of progress in acquiring skills and information and learning style (i.e. readiness skills; speech & language development; adaptive functioning)* | \* | \* | \* |
| **Social Development** *Degree and quality of the student’s relationships with peers and adults feelings about self, and social adjustment to school and community environments* | \* | \* | \* |
| **Physical Development** *Degree and quality of the student’s motor and sensory development, health, vitality, and physical skills or limitation which pertain to the learning process* | **\*** | \* | \* |
| **Management Needs**  *The nature and degree to which environmental modifications and human or material resources are required to enable the student to benefit from instruction* | \* | \* | \* |
|  |
| **PROGRESS TOWARD IEP GOALS:***Child’s functioning since last report or beginning of service; current goals & evidence based data and observations demonstrating progress toward goal since then* |
| **1) IEP GOAL:** | **\*** |
| ***Progress/Data:*** ***\**** |
| **2) IEP GOAL:** | \* |
| ***Progress/Data:*** **\*** |
| **3) IEP GOAL:** | \* |
| ***Progress/Data:*****\*** |
| ***List any additional IEP Goal/s you are currently working on & describe Progress/Data*** |
| **\*** |
| **Additional Information ~ If Applicable**\* |