



**NASSAU COUNTY DEPARTMENT OF HEALTH
OFFICE OF CHILDREN WITH SPECIAL NEEDS
Preschool Special Education Program
ANNUAL REVIEW PROGRESS REPORT
RELATED SERVICE**

Name of Student:	Chronological Age: Student's Date of Birth:
Date of Report:	Related Service Provider:
Related Service:	Provider Agency (if applicable): Little Treasures Associates
School District:	IEP Dates of Service:

Assessments Administered (Formal/Informal):

Assessment Scores/Results*:

Date of Testing/Assessment

Type of Testing/Assessment

**Current level of functioning: Must include objective data (could be age equivalent score, percentile score or standard deviations)*

Summary of Assessment Results and progress toward Goal(s) and Objectives(s):

Date

Signature of Related Service Provider

Title

CC: Student's CPSE Chairperson
Parents/Guardians