



## WESTCHESTER COUNTY CPSE PROGRESS REPORTING FORM

Date: **Include the date the report was completed**

Student Name:

DOB:

School District:

Therapist Name and Agency:

Therapist Email and Phone:

Service and Mandate:

Strengths: **Please include child's interest, positive qualities, favorite activities, etc.**

Goal #1 Goal number (write out each benchmark):

**Write out each goal, and benchmark indicated in the IEP**

**Select a box which indicates the child's progress**

☐ Achieved ☐ Progressing Satisfactorily ☐ Progressing Gradually ☐ Not Introduced

is working on (improving) their ability to: **-Provider a short description of child's progress towards each goal.**

**-Include data collection (Ex: 85% succes)**

Goal #2 Goal number (write out each benchmark):

☐ Achieved ☐ Progressing Satisfactorily ☐ Progressing Gradually ☐ Not Introduced

is working on (improving) their ability to:

Goal #3 Goal number (write out each benchmark):

☐ Achieved ☐ Progressing Satisfactorily ☐ Progressing Gradually ☐ Not Introduced

is working on (improving) their ability to:

Goal #4 Goal number (write out each benchmark):

☐ Achieved ☐ Progressing Satisfactorily ☐ Progressing Gradually ☐ Not Introduced

is working on (improving) their ability to:

Goal #5 Goal number (write out each benchmark):

☐ Achieved ☐ Progressing Satisfactorily ☐ Progressing Gradually ☐ Not Introduced

is working on (improving) their ability to:

Therapist signature: **Include original signature**

**Date:** **Include the date the report was complete**