Suffolk County Department of Health Services
Division of Services for Children with Special Needs

FORMAT FOR
SPECIAL EDUCATION PRESCHOOL PROGRAM
SEIT SERVICE
ANNUAL REVIEW PROGRESS REPORT

Name of Student:	Student's Date of Birth:
Date of Report:	Chronological Age of Student:
SEIT Provider Name:	Agency/School Name: Achieve Beyond
School District:	IEP Dates of Service: to

Assessments Administered (Formal/Informal): **Assessment Scores/Results:**

Summary of Assessment Results and Progress toward Goal(s) and Objective(s):

Conclusions and Recommendations:

Signature of SEIT Provider: _____ Date: _____

cc: Student's CPSE Chairperson
Parents/Guardians
Suffolk County Dept. of Health Services
Div. of Service for Children with Special Needs
50 Laser Court, Hauppauge, N.Y. 11788
Attn: Coordinator of Preschool Special Education Services