***O’Brien***

Speech, Language

and Learning PLLC.

*Discover, Encourage, Grow*

IEP Progress Report – Cover Page

**Student’s Name:**

**Date of Birth:**

**Date of Report:**

**Provider(s):**

**Student IEP Classification:**

**District:**

**Service Type:**

**IEP Frequency (weekly/monthly/total):**

**Service Location:**

**Dates of Service:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Goal # **Area of Need**  | Baseline  | Assessment Methods | 1st ReviewDate November 1, 2014 | 2nd ReviewDate January 9, 2015  | 3rd ANNUAL REVIEWDate March 5, 2015 | 4th ReviewDate June 6, 2015 |
|  |  |  | Progress Code:\_\_\_\_\_Progress sufficient to meet annual goal?[ ]  Yes [ ]  No Comments:  | Progress Code:\_\_\_\_\_Progress sufficient to meet annual goal?[ ]  Yes [ ]  NoComments:  | Progress Code:\_\_\_\_\_Was Goal met?[ ]  Yes [ ] NoComments:  | Progress Code:\_\_\_\_\_Progress sufficient to meet annual goal?[ ]  Yes [ ]  NoComments:  |
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**Special Note:**

**Summary & Recommendations:**

It is further recommended that the above information be reviewed and considered by the Committee on Special Education (CSE). Any final determination of services will be made by the CSE, and based on the input of all of those working with the student across the home and school settings.

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Provider Signature