***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 Review  Date November 1, 2014 | 2nd Review  Date January 9, 2015 | 3rd ANNUAL REVIEW  Date March 5, 2015 | 4th Review  Date June 6, 2015 |
|  |  |  | Progress Code:\_\_\_\_\_  Progress sufficient to meet annual goal?  Yes  No  Comments: | Progress Code:\_\_\_\_\_  Progress sufficient to meet annual goal?  Yes  No  Comments: | Progress Code:\_\_\_\_\_  Was Goal met?  Yes No  Comments: | Progress Code:\_\_\_\_\_  Progress sufficient to meet annual goal?  Yes  No  Comments: |
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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