

**PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES**

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required.)  **Evaluation**  **Services**

**Student Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

**District** \_\_\_\_\_ **County** \_\_\_\_\_

**Agency** \_\_\_\_\_  
(Name of Agency, Center-based Program or Individual Provider / Phone)

(Check One)  
Reason for Rx:  Annual Review Meeting  Change in Service  Transfer Meeting  Re-Eval Meeting  New Referral

**TERM OF SERVICE:**  
**(REQUIRED)** School Year: July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_ (Frequency, Duration & Class Ratio as per the IEP)

*(Please type in the last two digits of the school year. Format YYYY.)*

Evaluation/Service	(REQUIRED) ICD CODE for EVALUATION(S)	(REQUIRED) ICD CODE for SERVICE(S) *	Medical Diagnosis/Purpose of Treatment
Audiological			
Occupational Therapy			
Physical Therapy			
Speech			
Psychological/Psychological Counseling			
Skilled Nursing (Requires a Physician's Order)			

**The most specific ICD code is required for each evaluation/service.  
Medicaid requires that a written referral be in place prior to the initiation of evaluations/services.**

*\* An order/referral for services must be completed for each IEP period.  
A new order/referral must be completed whenever reviews conducted during an IEP period results in a change in service (i.e., frequency/duration/class size).*

**Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_  
(Original Signature Required – Stamps Not Permitted) (Required)

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_

<b>(REQUIRED) - (Stamp Accepted)</b> <b>Address</b>           <b>Phone</b>	(REQUIRED) License # _____
	(REQUIRED) NPI # _____
	Medicaid # _____
	Fax # _____

*(Signature of NYS licensed and registered physician, a physician or a licensed nurse practitioner acting within the scope of practice (for psychological counseling services this also includes an appropriate school official and for speech therapy services, a speech-language pathologist who has seen the child.)*

**PUTNAM SCHOOL DISTRICTS – PRESCHOOL – EXTENDED SCHOOL YEAR SERVICES (ESY)  
Fillable version ~ DOCUMENTATION TO DEMONSTRATE SUBSTANTIAL REGRESSION**

All children are expected to regress after breaks in service. Substantial regression is defined in NYSED REGULATIONS as a student’s ‘inability to maintain developmental levels due to a loss of skill or knowledge during the months of July and August. This loss of skill or knowledge is of such severity as to require *an inordinate period of review at the beginning of the school year (at least eight weeks of re-teaching) to reestablish and maintain IEP goals and objectives that were mastered at the end of the previous school year.*’

Preschool Providers do not always have an opportunity to observe a 10 week summer break. Instead, they observe student performance after school vacations, weekends, and/or absences/illnesses. The CPSE must determine if the criteria for substantial regression have been met on a case by case basis, using the data provided to them.

To support their recommendation, Providers should attach copies of progress notes and other forms of data, as appropriate (e.g. anecdotal notes, graphs, charts, pre-post testing, criterion referenced testing, etc.)

**APPROVAL FOR SUMMER SERVICES IS A CPSE DECISION BASED ON A REVIEW OF ALL RELEVANT DATA.**

*\* Type in Starred Boxes*

<b>Student Name:</b> *		<b>Provider Name:</b> *		<b>Service:</b> *
<b>Skills/Objectives Met Before Absences (based on IEP Goals)</b>	<b>Date/Length of Absence</b>	<b>Skills After Absence</b>	<b>Time to Recoup Goals, Objectives, Skills</b>	<b>Re-Teaching Strategies</b>
*	*	*	*	*
*	*	*	*	*
*	*	*	*	*
*	*	*	*	*

**PUTNAM SCHOOL DISTRICTS – PRESCHOOL – EXTENDED SCHOOL YEAR SERVICES (ESY)  
Fillable version ~ DOCUMENTATION TO DEMONSTRATE SUBSTANTIAL REGRESSION**

<b>1. Explain how the loss of skill(s) was determined.</b> *	
<b>2. Explain how the skill was re-established and how you monitored this process.</b> *	
<b>3. Were there any management issues that needed to be resolved after the break in services? <u>How long</u> did it take for these to be resolved?</b> *	
<b>4. Any additional information you would like the CPSE to consider.</b> *	
<b>Person Completing Form:</b> *	<b>Title:</b> *
<b>Type &amp; Frequency of Current Service:</b> *	

**SIGNATURE OF PERSON COMPLETING FORM:**

**DATE:**

(Signature must be hand written – Print completed form and then sign and date)

STUDENT NAME:

DATE:

**SUGGESTED IEP GOALS (for next school year)**

**Goal:** What the student will be expected to achieve by the end of the school year and include the following: **Benchmark:** Each goal should have at least 1 benchmark and include the following  
**Variable** (if applicable to specific goal, i.e. distance, duration, number, repetition) **Variable:** (if applicable to specific goal, i.e. distance duration, number, repetition)  
**Criteria:** Measure to determine if the goal has been achieved **Month:** The month the benchmark is to be achieved by  
**Criteria Period:** Time frame in which the criteria measurement is to occur. **Criteria:** Measure to determine if the goal has been achieved.  
**Method:** How progress will be measured  
**Schedule:** How often progress will be measured (i.e. weekly, monthly)  
**Responsibility:** Who is responsible for the service?  
*\* Final goals are developed at CPSE Meeting; these are suggestions to be given to & discussed at CPSE*  
*\* Type in white starred boxes. No limit to how much you can type in each box*

<b>GOAL: *</b>							
<b>BENCHMARK/S:*</b>							
GOAL	Variable (if applicable)	Criteria	Criteria Period	Method	Schedule	Responsibility	
Goal # (if known) *	*	*	*	*	*	*	
BENCHMARK	Variable (if applicable)	Criteria	Month	Benchmark	Variable (if applicable)	Criteria	Month
Benchmark 1 # *	*	*	*	Benchmark 2 # *	*	*	*
<b>GOAL: *</b>							
<b>BENCHMARK/S:*</b>							
GOAL	Variable (if applicable)	Criteria	Criteria Period	Method	Schedule	Responsibility	
Goal # (if known) *	*	*	*	*	*	*	
BENCHMARK	Variable (if applicable)	Criteria	Month	Benchmark	Variable (if applicable)	Criteria	Month
Benchmark 1 # *	*	*	*	Benchmark 2 # *	*	*	*
<b>GOAL: *</b>							
<b>BENCHMARK/S:*</b>							
GOAL	Variable (if applicable)	Criteria	Criteria Period	Method	Schedule	Responsibility	
Goal# (if known) *	*	*	*	*	*	*	
BENCHMARK	Variable (if applicable)	Criteria	Month	Benchmark	Variable (if applicable)	Criteria	Month
Benchmark 1 # *	*	*	*	Benchmark 2 # *	*	*	*

# PUTNAM SCHOOL DISTRICTS ANNUAL REVIEW REPORT

Revised Form 10/2014

**DISTRICT:** \* \_\_\_\_\_ **SCHOOL YEAR:** \* \_\_\_\_\_

**CHILD NAME:** \* \_\_\_\_\_ **DOB:** \* \_\_\_\_\_ **AGE:** \* \_\_\_\_\_

**CURRENT IEP SERVICE:** \* \_\_\_\_\_ **CLASS/PROGRAM:** \* \_\_\_\_\_  
(OT, PT, etc., Group/Individual, Frequency, Duration) (6:1:1, 8:1:1, etc.)

**PROVIDER NAME** \* \_\_\_\_\_ **TITLE** \* \_\_\_\_\_ **CREDENTIALS** \* \_\_\_\_\_

**PROVIDER AGENCY** \* \_\_\_\_\_ **PROVIDER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Hand Written Signature – Do Not Type Hand Write

**I CERTIFY THAT THIS REPORT WAS REVIEWED WITH PARENT/GUARDIAN**

Provider Initials – Do Not Type

<b>SERVICE HISTORY</b>	<i>First Date of Service</i>	*	<i>TOTAL # of sessions delivered to date (including makeups):</i>	*
	<i># sessions missed due to provider absence:</i>	*	<i># sessions missed due to child absence:</i>	*

Significant Medical/Developmental/Diagnosis Information (if applicable):

\*

<b>L O C A T I O N</b>	<b>SCHOOL/DAYCARE/FACILITY</b>				<b>HOME</b>	
	<i>Preschool/Daycare/Facility Name:</i>				<i>Are any sessions done in the home? (Yes/No)</i>	
	*				*	
	<i>Class Size:</i> *		<i>Staff Ratio:</i> *		<i>Parent/Caregiver Present During Sessions?</i>	
	Days/Hours Child Attends: *		Days/Hours You Are There; Classroom Activities Occurring During Your Session/s:		*	
*		*		Days/Hours You Are There:		
*		*		*		

**Brief Introduction of Child:** \*

# PUTNAM SCHOOL DISTRICTS ANNUAL REVIEW REPORT

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<b>PRESENT LEVELS OF PERFORMANCE (PLEPS)</b>			
Please provide BULLETS or LIST of Strengths & Needs in your professional domain only, unless you have specific observations in other domains	<b>Strengths</b> <i>Preferences, Interests</i>	<b>Needs</b> <i>Developmental and functional needs of the student, including consideration of student needs that are of concern to the parent</i>	<i>Describe how child's strengths and needs affect child's ability to learn and/or participate in age appropriate activities. Describe child's functioning in preschool setting/activities. Include carryover strategies provided to caregivers, staff</i>
<b>Academic Achievement / Learning Characteristics</b> <i>Levels of knowledge and development in subject and skill area including activities of daily living, level of intellectual functioning, adaptive behavior, expected rate of progress in acquiring skills and information and learning style (i.e. readiness skills; speech &amp; language development; adaptive functioning)</i>	*	*	*
<b>Social Development</b> <i>Degree and quality of the student's relationships with peers and adults feelings about self, and social adjustment to school and community environments</i>	*	*	*
<b>Physical Development</b> <i>Degree and quality of the student's motor and sensory development, health, vitality, and physical skills or limitation which pertain to the learning process</i>	*	*	*
<b>Management Needs</b> <i>The nature and degree to which environmental modifications and human or material resources are required to enable the student to benefit from instruction</i>	*	*	*

Child Name: \_\_\_\_\_

# PUTNAM SCHOOL DISTRICTS ANNUAL REVIEW REPORT

Revised Form 10/2014

<b>PROGRESS TOWARD IEP GOALS:</b> <i>Child's functioning since last report or beginning of service; current goals &amp; evidence based data and observations demonstrating progress toward goal since then</i>	
<b>1) IEP GOAL:</b>	*
<i>Progress/Data:</i> *	
<b>2) IEP GOAL:</b>	*
<i>Progress/Data:</i> *	
<b>3) IEP GOAL:</b>	*
<i>Progress/Data:</i> *	
<b>List any additional IEP Goal/s you are currently working on &amp; describe Progress/Data</b>	
*	
<b>Additional Information ~ If Applicable</b>	
*	