

## CHEBOYGAN-OTSEGO-PRESQUE ISLE EDUCATIONAL SERVICE DISTRICT

### Speech & Language Annual Review (IEP) Progress Report

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ C.A.: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 PARENTS: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ MI ZIP: \_\_\_\_\_  
 DATE OF REPORT: \_\_\_\_\_ IEP DATE: \_\_\_\_\_  
 ATTENTION: \_\_\_\_\_

**A. Performance Objectives (See attached):**

### B. Procedures Used & Results:

[illegible]

### C. General Observations:

[illegible]

**D. Recommendations to IEP:** ☐ Continue Therapy  
☐ Consultation.  
☐ Dismiss

\_\_\_\_\_, Teacher of the Speech &amp; Language Impaired

**Original:** Therapist / COP ESD

**Copy:** Local School District

Parent

SP-12 Rev. 7/23/03