

TheraCare  
1133 Westchester Ave. Ste. 230  
White Plains, NY 10604  
(914) 576-5292

**EDUCATIONAL ANNUAL REVIEW**

Name:  
Date of Birth:  
Date of Report:  
C.A.:

**Instrument(s) Used:**

**BACKGROUND INFORMATION**

**PRESENT LEVELS OF PERFORMANCE (PLEPS)**

**Academic Achievement, Functional Performance and Learning**

**Characteristics:**

(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)

*Rate of Progress:*

*Understanding of Basic Concepts:*

*Readiness Skills: (Reading, Math, Writing)*

*Daily Living Skills:*

*Language Skills:*

Student Strengths, Preferences, Interest:

Academic, developmental and functional needs of the student, including consideration of student needs that are of concern to the parent:

Student needs to...

**Social Development:**

(Degree and quality of the students relationships with peers and adults; feelings about self; and social adjustment to school and community environments.)

*Social:*

Student Strengths, Preferences, Interest:

Social development needs of the student, including consideration of student needs that are of concern to the parent:

Student needs to...

**Physical Development:**

(Degree (extent) and quality of the student's motor and sensory development, health, vitality, and physical skills or limitations which pertain to the learning process.)

*Health:*

*Sensory:*

*Fine Motor:*

*Gross Motor:*

Student Strengths, Preferences, Interest:

Physical development needs of the student, including consideration of student needs that are of concern to the parent:

Student needs to...

**Management Needs**

(Management Needs – The nature (type) and degree (extent) to which environmental modifications and human or material resources are required to enable the student to benefit from instruction.)

**2015-2016 OBJECTIVES AND PROGRESS**

**IEP Goals**

- 1.
- 2.
- 3.

**Current Progress:**

- 1.
- 2.
- 3.

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Name of Teacher  
Special Education Itinerant Teacher  
NYS Certificate Number

Date