



2024 Schenectady County Children with Special Needs Program

ANNUAL REVIEW

School District:	
Child's Name:	
Date of Birth:	

Annual reports included

Please Check	Service	Provider	ESY (Y/N)
	Education (SEIS)		
	Speech & Language		
	Occupational Therapy		
	Physical Therapy		
	Social Work/Counseling		
	1:1 Aide Justification/Behavior Plan		
	Other		
	Other		

Signature page has been included: _____ **Number of pages submitted:** _____

Note: For children receiving more than one service, it is the responsibility of the Coordinator of Service to submit all the components of the annual reports in **one packet**. This will ensure that no paperwork is lost.