



## 2025 Schenectady County Children with Special Needs Program

### ANNUAL REVIEW

<b>School District:</b>	
<b>Child's Name:</b>	
<b>Date of Birth:</b>	

**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.