WEEKLY REVIEW OF CHILD PROGRESS

Child: _________________________ Date: _______________

I. Informal Observations

II. Annual Goals and Short Term Objectives
   A. Speech/Language
   B. Cognitive
   C. Self Help
   D. Social/Emotional
   E. Motor

III. Problem Solving/Trouble Shooting

IV. Strategies/Activities to Promote Inclusion and Achievement of Goals and Objectives

V. Unfinished Business/New Business

WIN Grant

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