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

SAMPLE FORM FOR DATA COLLECTION
Circle of Inclusion Project: www.circleofinclusion.org