

Candler County Board of Education  
Program for Exceptional Children

**IEP ANNUAL REVIEW FOR OCCUPATIONAL THERAPY**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

**Present Level of Functioning:** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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**Progress or Lack of Progress Noted Since Last Year:** \_\_\_\_\_

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**Plan or Recommendations for Year:** \_\_\_\_\_

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Therapist's Signature

Date