All children are expected to regress after breaks in service. Substantial regression is defined in NYSED REGULATIONS as a student’s ‘inability to maintain developmental levels due to a loss of skill or knowledge during the months of July and August. This loss of skill or knowledge is of such severity as to require *an inordinate period of review at the beginning of the school year (at least eight weeks of re-teaching) to reestablish and maintain IEP goals and objectives that were mastered at the end of the previous school year.*’ Preschool Providers do not always have an opportunity to observe a 10 week summer break. Instead, they observe student performance after school vacations, weekends, and/or absences/illnesses. The CPSE/CSE must determine if the criteria for substantial regression have been met on a case by case basis, using the data provided to them. **To support their recommendation, Providers should attach copies of progress notes and other forms of data, as appropriate (e.g. anecdotal notes, graphs, charts, pre-post testing, criterion referenced testing, etc.)**

**APPROVAL FOR SUMMER SERVICES IS A CPSE/CSE DECISION BASED ON A REVIEW OF ALL RELEVANT DATA.**

**\****Type in Starred Boxes*

|  |  |  |
| --- | --- | --- |
| **Student Name:** **\*** | **Provider Name:** **\*** | **Service:** **\*** |
| **Skills/Objectives Met Before Absences (based on IEP Goals)** | **Date/Length of Absence** | **Skills After Absence** | **Time to Recoup Goals, Objectives, Skills** | **Re-Teaching Strategies** |
| \* | \* | \* | \* | \* |
| \* | \* | \* | \* | \* |
| \* | \* | \* | \* | \* |
| \* | \* | \* | \* | \* |

|  |
| --- |
| **1. Explain how the loss of skill(s) was determined.**\* |
| **2. Explain how the skill was re-established and how you monitored this process.****\*** |
| **3. Were there any management issues that needed to be resolved after the break in services? How long did it take for these to be resolved?****\*** |
| **4. Any additional information you would like the CPSE/CSE to consider.****\***  |
| **Person Completing Form:****\*** | **Title:****\*** |
| **Type & Frequency of Current Service:****\*** |
| **SIGNATURE OF PERSON COMPLETING FORM: DATE:** |

(Signature must be hand written – Print completed form and then sign and date)