Name of Student DOB Discipline Frequency

Date Range of Missed Sessions to # of Consecutive Sessions Missed Reason

Name of Provider/Agency/School

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| **Skill Attainment Prior to Treatment Interruption** |
| Short Term IEP Objective(s) with measurable progress  | Record Date and Data collected for each session to establish a Baseline |
| Session 1 | Session 2 | Session 3 | Session 4 | Session 5 |
| #1 | ­­­­­­ ­ \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ |
| #2 | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ |
| #3 | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ |
| #4 | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ |

***(Baseline Data must be a minimum of 3 Session Dates)***

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| **Skill Attainment Post Treatment Interruption** |
| Short Term IEP Objectives | Week 1  | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 | Week 8 | # of weeks to recoup learned skill to the level prior to interruption |
| #1 |  |  |  |  |  |  |  |  |  |
| #2 |  |  |  |  |  |  |  |  |  |
| #3 |  |  |  |  |  |  |  |  |  |
| #4 |  |  |  |  |  |  |  |  |  |

RATIONALE FOR EXTENDED SCHOOL YEAR: Additional pertinent information; include or attach all charting, documentation, method and criteria used, and any other information to justify recommendation for Extended School Year.

Provider Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License/Certificate Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please remember, the purpose of Extended School Year services is to prevent substantial regression and maintain progress.*