**Name of Student:**  **Type of Therapy:** **Sessions per week:**

**Period 2**

**Name of Therapist:** \_\_ **License/Cert. & Credentials:** \_

**RATIONALE FOR EXTENDED SCHOOL YEAR BASED ON:**

Please check one or both if applicable

Highly Intensive Needs [ ] Substantial Regression [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill Attainment Prior to Treatment Interruption** | | | | | |
| **Short Term IEP Objective** | **Session 1** | **Session 2** | **Session 3** | **Session 4** | **Session 5** |
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*(Baseline Data must be a minimum of 3 Sessions)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Skill Attainment Post Treatment Interruption** | | | | | | | | | | |
| **Short Term IEP Objective** | **Session 1** | **Session 2** | **Session 3** | **Session 4** | **Session 5** | **Session 6** | **Session 7** | **Session 8** | **Session 9** | **# Of Sessions to Recoup Learned Goals** |
| **#1** |  |  |  |  |  |  |  |  |  |  |
| **#2** |  |  |  |  |  |  |  |  |  |  |
| **#3** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Write a justification of severity of regression and/or highly intensive needs and include or attach all charting, documentation, a narrative and any other information to justify the child needs Extended School Year.**

#1; Recoupment=8+ #2 Recoupment = 9+; #3 Recoupment =8. These all illustrate Alexander’s ‘need for extended services due to substantial regression and intensive needs. l

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**Therapist Signature:** Date:

**Please remember that extended school year is not to make progress but to prevent substantial regression.**

*(****If you need more space you can use the back of this form or add sheets****).*