

BRUSH COUNTRY CO-OP

EXTENDED SCHOOL YEAR SERVICES DATA FORM

Student: _____ Date: _____

District: _____ Campus: _____ Grade: _____

The following reflects my professional opinion of this student at the end of the Christmas holiday break between the Fall semester and the Spring semester of the _____ - _____ school year. The comparison is made after eight weeks of instruction following the holiday break.

1. The student is able to use previously demonstrated behavior skills (self-help, riding the bus, movement between buildings, sitting, attending, controlled level of aggressive behaviors) as identified in the IEP. ☐ YES ☐ NO

If no, specify skills and source of supporting data (observations, formal evaluations, teacher tests, work samples, etc.):

2. The student is able to use previously demonstrated academic/cognitive, communicative, physical/motor skills as identified in the IEP. ☐ YES ☐ NO

If no, specify skills and supporting data:

3. The student has regained all skills demonstrated the previous school session during the first eight weeks of the current school year. (Significant regression has not occurred.) ☐ YES ☐ NO

Special Education Teacher / Date

OT/PT / Date

Speech Pathologist / Date

Other / Date