



**Schenectady County
Public Health Services**

**Schenectady County Children with Special Needs Program
Justification for Extended School Year CPSE Services Documentation Form**

Student Name: _____ **DOB:** _____ **2022-2023 School Year**

School District: _____ **Preschool/Center based Program:** _____

Related Service Providers:

****All teachers and therapists working with the child should merge information onto one form and this must be submitted with the Annual Review Report to CPSE and County (remember to submit at least two weeks prior to the child's CPSE meeting).*

Directions: To qualify for extended school year services the child must demonstrate need in specific area(s) that inhibit(s) functionality **and** show limited ability to retain previously mastered skills/concepts over time (i.e. regression); or demonstrate significant needs across multiple domains (cognitive, motor, adaptive, social-emotional, communication).

****Documentation of regression is ongoing with multiple measures taken throughout the school year.*

****Please include additional methods of documentation such as graphs, charts or checklists (either copy or summarize, if needed).*

Documentation of regression:
Program or Related Service Area: _____

Signature: _____
Date: _____

Length of Absence	Skill Measured prior to absence	Data level of skill prior to absence	Data Level of skill after absence	Length of Time to Recoup Skills



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Documentation of regression:
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Signature: _____
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Provide your rationale for recommending extended school year services for this student and how regression of skills impacts the student's functionality. Also, include here statements for children that demonstrate significant needs across multiple domains (cognitive, motor, adaptive, social-emotional, communication).