

Davis School District  
Special Education Department  
Skill Maintenance / Regression Checklist

Student ID #:	Student Name (L), (F):	Date Submitted for ESY Request:
Enrolled School:	Case Manager:	Case Manager Phone/Email:

**Extended School Year Eligibility Considerations:**

The IEP team will consider retrospective data (i.e., data gathered at the end of instruction before a break, at the beginning of subsequent instruction after a break, and at the time of recoupment of the skill to its former level.) The team may also consider predictive data.

The team must consider whether significant regression may occur, given an extended break in instruction, preventing meaningful progress toward IEP goals.

- Break = 8 to 12 weeks - Allow 20 instructional days for recoupment
- Break = 3 to 4 weeks - Allow 5-7 instructional days for recoupment
- Break = 2 weeks - Allow 3 instructional days for recoupment

Exceptions to the number of days constituting a reasonable recoupment period may be granted on a case-by-case basis by the IEP team, consistent with the individualized needs of the student. [Utah State Code Rule 277-751-5(i)(bb)]

**Regression/Recoupment Tracking Form:**

IEP Goal/Objective	Break / Vacation Start Date	Break / Vacation End Date	Date of First Assessment After the Break / Vacation Period	Skill Status After Break / Vacation	If Skill Regressed, Date Indicating Recoupment to the Level Prior to the Break / Vacation	Total Number of Instructional Days to Recoup Skill
				<input type="checkbox"/> Regressed		
	Number of days in vacation:			<input type="checkbox"/> Retained		
	Evaluation/ Measurement Tool Used Pre/Post Break / Vacation:					
Evaluated by: (Name, Position)						

Based on regression/ recoupment data, is this goal ESY eligible?  Yes  No

If yes, related area of self-sufficiency (mark all that apply):

<input type="checkbox"/> Muscular control	<input type="checkbox"/> Personal hygiene	<input type="checkbox"/> Stable relationships as shown by interaction with peers and adults
<input type="checkbox"/> Toileting	<input type="checkbox"/> Impulse control	<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Feeding and eating	<input type="checkbox"/> Basic communication	
<input type="checkbox"/> Physical mobility		

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| <input type="checkbox"/> Toileting          | <input type="checkbox"/> Impulse control     | <input type="checkbox"/> Other (describe)   |
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