**Rationale for Extended School Year (12 months)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** |  | **SEIT Name** |  |
| **Child’s DOB** |  | **SEIT Mandate** |  |
| **NYC ID** |  |  |  |

**Rationale Based On:**

Please check one or both, if applicable

Highly Intensive Needs [ ] Substantial Regression [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill Attainment Prior to Treatment Interruption**  **Data must include a minimum of 3 Sessions** | | | | | |
| **IEP Goal/Objective** | **Session 1** | **Session 2** | **Session 3** | **Session 4** | **Session 5** |
| **#1** |  |  |  |  |  |
| **#2** |  |  |  |  |  |
| **#3** |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Skill Attainment Post Treatment Interruption** | | | | | | | | | | |
| **IEP Goal/**  **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 detailed justification of highly intensive needs and/or substantial regression.**

**SEIT Signature:**

**Date:**