



**REPORT TO THE CPSE/CSE  
JUSTIFICATION FOR SUMMER PROGRAMMING**

**Student:** \_\_\_\_\_ **District:** \_\_\_\_\_

Last <b>Recommended Service:</b>	First <b>Days/Week</b>	<b>Minutes/Sessions</b>	<b>Location:</b>
			<u>Service Provider (s):</u>
			_____
			_____

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**RATIONALE FOR SUMMER PROGRAMMING**

1. Describe the specific skill areas in which substantial regression would occur without summer services. Substantial regression means a student's inability to maintain developmental levels due to loss of skill or knowledge during the months of July and August of such severity as to require them to take an inordinate period of review at the beginning of the school year (8 weeks or more) to reestablish and maintain IEP goals and objectives mastered at the end of the previous school year.

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2. Please provide quantitative and qualitative information to support evidence of previous regression or that would predict regression in the future.

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3. Please provide student attendance data for the school year thus far as well as the previous summer (if applicable).

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4. Please review the above recommendation with the student's parents and have them sign below.

**I agree with recommendation for summer services described above and verify that my child is available to attend during the six (6) week program. I understand that this recommendation will need to be reviewed and approved by the CPSE/CSE prior to the start.**

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**Parent's Signature**

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**Date**

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**Service Provider's Signature**

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**Date**