**Regression Recoupment Documentation Form**

**Complete after first marking period for ALL students**

**File a copy in the student’s folder**

STUDENT NAME: Click here to enter text.SCHOOL: ￼Click here to enter text.

EXCEPTIONALITY: Click here to enter text. GRADE: Click here to enter text. SPECIAL EDUCATION TEACHER: Click here to enter text.

**Directions**: Complete **one form for each critical skill** identified on the IEP after the first marking period.

**Critical Skill:** Click here to enter text.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Instruction Used to Re-teach Critical Skill** | **Date Critical Skill was Re-Introduced** | **Evaluation**  **Date** | **Evaluation**  **Type** | **Evaluation**  **Results\*** | **Possible Reason(s) for Lack of Recoupment Using this Instructional Strategy** | **Basis for Determination of another Instructional Strategy to Re-Teach Critical Skill** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**SIGNATURE OF PERSON COMPLETING FORM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE** Click here to enter text.