

Determination of Critical Skills

Student's Name _____ Teacher's Name _____

Use this form as a guide in determining which objectives are critical to the student's overall functioning and well-being. A rating of 1 (one) on any question indicates an area of questionable value to the student. A rating of 5 (five) indicates an area of high value. Skills that receive the highest numerical rating should be considered when determining those critical to the student's education.

Remember – in determining critical skills,

Identify those that are most important – critical – to the student reaching his/her long term educational goal and

NOTE: Questions are not ordered by priority, therefore, the IEP committee must determine which questions are of greatest importance in identifying critical skills for the **individual** student.

		None	Few	Many	
1. Is the skill required across a number of current environments?	1	2	3	4	5
2. Is the skill required across a number of future environments?	1	2	3	4	5
3. If the student does not perform the skill, will someone else have to do it for him/her?	1	2	3	4	5
4. Will acquisition of the skill facilitate the student's movement to a less restrictive environment or help prevent movement to a more restrictive environment?	1	2	3	4	5
5. Will the acquisition of the skill allow the student to function more independently and enhance success in integrated environments (e.g., general education, community, employment)?	1	2	3	4	5
6. Will acquisition of the skill enhance the student's participation in activities deemed important by family members, care givers, or peers?	1	2	3	4	5
7. Will acquisition of the skill enhance the student's participation in activities deemed important by other service providers?	1	2	3	4	5
8. Is the skill important to the student's integration with peers who are not disabled?	1	2	3	4	5

Regression-Recoupment Tracking Form

Student's Name _____ Teacher's Name _____

BREAK 1 DATES: ____/____/____ TO ____/____/____

Regression: Did the student lose skills after a break in instruction? ___yes ___no

IF yes, on which objectives? (Write codes below.)

Recoupment: On any of the objectives above, did the student fail to regain the level of skill documented prior to the break? ___yes ___no

IF yes, did it take longer than the break in instruction to recoup* to the pre-break level? ___yes ___no

IF yes, on which objectives? (Write codes below.)

BREAK 2 DATES: ____/____/____ TO ____/____/____

Regression: Did the student lose skills after a break in instruction? ___yes ___no

IF yes, on which objectives? (Write codes below.)

Recoupment: On any of the objectives above, did the student fail to regain the level of skill documented prior to the break? ___yes ___no

IF yes, did it take longer than the break in instruction to recoup* to the pre-break level? ___yes ___no

IF yes, on which objectives? (Write codes below.)

To properly assess the student's need, additional breaks may be needed; if this is the case, additional copies of the form should be used.

Did the student demonstrate a regression-recoupment pattern? ___yes ___no

Regression-Recoupment Pattern: A loss of skill on IEP objective(s) after at least two (2) breaks in

instruction without regaining the documented level of skill(s) prior to these breaks within the specified period.

*The maximum recoupment period is four (4) weeks.