



# RETURN TO SCHOOL



## STEP 3 - DATA AND OBSERVATION WORKSHEET

### WHAT IS MY TASK IN THE PROCESS?

Share your concerns and input with the school team by discussing recoupment (how to regain lost skills) and the type and amount of services needed for your child to make meaningful progress and meet their IEP goals.

### PRIORITIZE - What areas of skill loss are of most concern

Select all that apply and note related IEP goal(s):

- |   |   |
|---|---|
| <input type="checkbox"/> Reading (Goal _____)           | <input type="checkbox"/> Communication skills (Goal _____)          |
| <input type="checkbox"/> Math (Goal _____)              | <input type="checkbox"/> Social skills (Goal _____)                 |
| <input type="checkbox"/> Behavioral skills (Goal _____) | <input type="checkbox"/> Ability to graduate on time and transition |
| <input type="checkbox"/> _____ (Goal _____)             | <input type="checkbox"/> _____ (Goal _____)                         |

### PLAN - Type and amount of services needed to meet IEP goals

Goal	Current Service	What's Needed
Example: Speak in sentence	1 x 30 minutes Speech Language Therapy	<input type="checkbox"/> No change <input type="checkbox"/> Increase intervention time <input type="checkbox"/> Different Service <input type="checkbox"/> Technology <input type="checkbox"/> Other support service
		<input type="checkbox"/> No change <input type="checkbox"/> Increase intervention time <input type="checkbox"/> Different Service <input type="checkbox"/> Technology <input type="checkbox"/> Other support service
		<input type="checkbox"/> No change <input type="checkbox"/> Increase intervention time <input type="checkbox"/> Different Service <input type="checkbox"/> Technology <input type="checkbox"/> Other support service

### SHARE - Inform teachers and therapists what is new with your child

Information	Details
New medications	
New social, emotional or behavioral needs	
New academic needs	
Other	

### TAKE ACTION - Discuss what new goals need to be added

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

CONTACT STEP FOR ASSISTANCE UNDERSTANDING YOUR RIGHTS AND HOW TO ADVOCATE FOR YOUR CHILD