**Extended School Year (ESY):**

**Eligibility Considerations Checklist**

**Summer 20**Click here to enter text.

Student Name: Click here to enter text. D. O. B. Click here to enter text. Grade: Click here to enter text.

Case Manager: Click here to enter text. Attendance School: Click here to enter text.

Disability: Click here to enter text.

Did the student qualify for ESY during the duration of the following IEP? [ ] Yes [ ] No

Did the student receive ESY services during the following summer? [ ] Yes [ ] No

Does data show that the student has regressed during interruptions in the educational program (as described in chart below)? [ ] Yes [ ] No

Does the data show that the student was unable to recoup lost skills or knowledge within a reasonable time frame (typically 6-8 weeks for summer regression-as described in chart below)? [ ] Yes [ ] No

Were there mitigating circumstances that may have led the student to regress and not recoup skills? [ ] Yes [ ] No

If yes, describe:

Click here to enter text.

Does the data show that the student does not maintain skills or knowledge necessary for attaining self-sufficiency and independence? [ ] Yes [ ] No

Describe data, including dates:

Click here to enter text.

Are there special circumstances that warrant ESY? [ ] Yes [ ] No

If yes, describe:

Click here to enter text.

**Data Collection**

|  |
| --- |
| **Goal #**: Click here to enter text. |
| **Spring Data (From previous school year):**Click here to enter text. | **Fall Data (Current performance level):**Click here to enter text. | Did the student recoup goals/objectives:[ ] Yes[ ] No |
| **Goal #:** Click here to enter text. |
| **Spring Data (From previous school year):**Click here to enter text. | **Fall Data (Current performance level):**Click here to enter text. | Did the student recoup goals/objectives:[ ] Yes[ ] No |
| **Goal #:** Click here to enter text. |
| **Spring Data (From previous school year):**Click here to enter text. | **Fall Data (Current performance level):**Click here to enter text. | Did the student recoup goals/objectives:[ ] Yes[ ] No |
| For additional goals, attach a second sheet. |

*The IEP shall consider the above data in making a determination of eligibility for ESY. If the student is found eligible, the IEP team shall determine*

 *1) Goals and objectives to be addressed during ESY, 2) Type of service, 3) Amount of service, and 4) Duration of service*