**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*