

Student Name _____

This checklist is designed to assist IEP teams in determining student's eligibility for Extended School Year (ESY) services. IEP teams recommending ESY services for a student are required to submit supporting eligibility data with this form. Failure to include supporting eligibility data will result in this form, and the ESY Plan, being sent back to the team for reconsideration. ESY services will not be arranged for a student until this Checklist, including supporting data, and the ESY Plan are submitted to the ESY Coordinator.

Extended School Year Checklist

Date of ESY Consideration meeting _____

As indicated in the Special Education Procedure Manual

- It is the responsibility of IEP team members to collect documentation over the course of the year to demonstrate the student's need for ESY services.
- At a minimum, data, to demonstrate regression/recoupment, are to be collected prior to and following all school breaks/vacations of durations of one week or more (i.e., winter break, spring break).
- No IEP team may determine that a student is eligible for ESY without documentation that represents the student's performance during the entire year, and clearly documents that the student has met one of the four areas of ESY eligibility (Chapter 16, p. 4-5)

Documentation Guidelines

- **regression/recoupment:** data charts indicating student performance prior to school breaks, and performance after, showing a significant drop in performance upon returning to school following a break, and showing that an extended period of time passes before student recoups the skill to levels equivalent to those demonstrated prior to the break
- **critical learning period:** data charts showing little to no progress in an area over an extended period of time, followed by a recent significant improvement trend paired with on-going steady and significant progress
- **failure to progress despite modifications:** documenting multiple modifications (SDI) made and on-going lack of student performance gains
- **other considerations:** documenting, based on individual situations

Areas in which the IEP student is currently receiving Specially Designed instruction

<input type="checkbox"/> reading	<input type="checkbox"/> written expression	<input type="checkbox"/> mathematics	<input type="checkbox"/> behavior	<input type="checkbox"/> social skills
<input type="checkbox"/> study skills	<input type="checkbox"/> daily living skills	<input type="checkbox"/> vocational	<input type="checkbox"/> communication	<input type="checkbox"/> motor

other: _____

Areas in which the IEP team is considering extended school year services for the student.

<input type="checkbox"/> reading	<input type="checkbox"/> written expression	<input type="checkbox"/> mathematics	<input type="checkbox"/> behavior	<input type="checkbox"/> social skills
<input type="checkbox"/> study skills	<input type="checkbox"/> daily living skills	<input type="checkbox"/> vocational	<input type="checkbox"/> communication	<input type="checkbox"/> motor

other: _____

Student Name _____ Student ID _____

Analysis of Goals/Objectives in Selected Areas. (Complete the following process for all goals/objectives in areas the IEP team is considering for ESY services.)

1. Attach a copy of IEP Progress Reports for the goals/objectives in ESY targeted area(s) for at least the past 2 grading periods.

If the child's annual IEP meeting resulted in IEP goals/objectives being changed mid-year, provide a copy of the progress report sent on related goals/objectives from the "old" IEP, and a copy of the progress report sent to the parents on "new" related goals/objectives.
Example: The IEP Team has targeted communication as the potential ESY area of service. The IEP Progress Report for the November grading period indicated performance on production of three word utterances; the annual review, December, 2002, revised the objective in oral expression from three word utterances to the production of simple sentences. The IEP Progress Report provided to the parent in January indicated performance production of simple sentences. Both progress reports are attached to indicate student progress in the area of oral expression.

2. In the grid below, (a) write in the area(s) being considered for ESY, (b) indicate the number of minutes the child is currently being served in that area, (c) select the ESY eligibility qualification category, and in the final column, (d) describe how the data ATTACHED to this checklist document eligibility in that area. Be sure to label all documentation clearly with the service area and related goals/objectives.

Area	Current IEP Minutes	Eligibility Qualification (Chapter 16, p.4 of the Procedure Manual)	Statement of How ATTACHED Documentation Supports Eligibility for Service
		<input type="checkbox"/> regression/recoupment <input type="checkbox"/> critical learning period <input type="checkbox"/> failure to progress despite modifications <input type="checkbox"/> other considerations	
		<input type="checkbox"/> regression/recoupment <input type="checkbox"/> critical learning period <input type="checkbox"/> failure to progress despite modifications <input type="checkbox"/> other considerations	
		<input type="checkbox"/> regression/recoupment <input type="checkbox"/> critical learning period <input type="checkbox"/> failure to progress despite modifications <input type="checkbox"/> other considerations	
		<input type="checkbox"/> regression/recoupment <input type="checkbox"/> critical learning period <input type="checkbox"/> failure to progress despite modifications <input type="checkbox"/> other considerations	

List the areas in which the IEP team believes the student meets qualifications for ESY services, based on analysis of available data: _____

Extended School Year Plan

Measurable Annual Goals and Objectives/Benchmarks Targeted for ESY Services

Attach copies of the appropriate Goals/Objectives pages from the student's current IEP. Indicate by marking in the left margin with "ESY" for each objective that is to be targeted for ESY Services.

Student Name _____ Student ID _____

Summary of Services Matrix for ESY Services

Specially designed instruction will be provided by appropriately qualified special education/ESA certificated staff, or designed and supervised by this staff. Student progress will be monitored and evaluated by qualified staff.

Services Delivered by Special Education Teachers

Service	Initiation Date	Frequency (Minutes per week)	Location	Duration	Position Providing Instruction* Instruction*

Services Delivered by Related Service Providers (e.g., occupational/physical therapists; speech language therapists; audiologists)

Service	Initiation Date	Frequency (Minutes per week)	Location	Duration	Position Providing Instruction* Instruction*

*For services provided by a non-certificated special education staff member, a *Plan for Non-Special Education Certificated Staff to Provide Specially Designed Instruction* must be developed.

Total number of minutes receiving special education ESY service regardless of setting _____

Related services, supplementary aids and services, and program modifications. Please list any medical/health related needs, any special staffing needs, and any other needs.

Transportation.

1. Is the student able to ride a bus with general education students? Yes No
2. If no, is the student able to ride a bus with general education students if an assistant were on the bus? Yes No
3. If no, does the student need door-to-door transportation? Yes No
4. Does the student have any other transportation needs (e.g., harness, special seat)?

Parent commitment to their student's participation in ESY

I understand that my child has been determined to be eligible for Extended School Year services. I have been informed of projected dates/times for the delivery of that service, and of any transportation related issues. I agree to my child's participation in the ESY program.

Parent Signature

Date

I do not give consent for my child to participate in ESY.

Parent Signature

Date