EXTENDED SCHOOL YEAR SERVICES
SCREENING ELIGIBILITY - FORM B
CRITERIA SUMMARY

SCHOOL: _____ CURRENT DATE: _____

For the students determined eligible on Form A, write the names of those students below. Indicate the area(s) in the appropriate column(s) by which the student qualified. Attach the form(s) that document(s) your decisions. Return to the Special Education Central Office.

CRITERIA

Student's Name	Regression-Recoupment	Critical Point of Instruction (Indicate 1 or 2)	Employment	Transition from Early Steps to Preschool	Transition to Post School Outcomes	Excessive Absences	Extenuating Circumstances

Signature verifies completion of ESYS Eligibility Decisions.

_____
Teacher Signature

Date Received by Special Education Central Office: _____