

Student's Name: _____	Date of Birth: _____	Page ___ of ___
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**EXTENDED SCHOOL YEAR (ESY)
DETERMINATION DOCUMENTATION**

The following factors must be considered on an individual basis by the IEP team in determining eligibility for ESY programming:

- 1) Degree of disability:
 Mild Moderate Severe/Profound

- 2) Degree of regression suffered (actual or predicted):
 None Mild Moderate Severe

- 3) Recovery time/Recoupment from this regression (actual or predicted):
 No Regression Weeks Months Years

- 4) Ability of parents to provide educational structure at home:

- 5) Student's rate of progress:

- 6) Student's behavioral problems:

- 7) Student's physical problems:

- 8) List availability of alternative resources:

- 9) Ability of the student to interact with children who are non-disabled:

- 10) Area(s) of the student's curriculum which need continuous attention from the IEP:

- 11) The student's vocational needs:

- 12) Other relevant factors as determined by the IEP team:

Student's Name: _____
 Date of Birth: _____
 Site enrolled during school year: _____

EXTENDED SCHOOL YEAR (ESY)

Review the current IEP and determine the skill area(s) that need to be addressed during ESY with the IEP team members. Below is/are the service(s) that the IEP team agreed upon for ESY:

Skill Area(s) Addressed and Position or Agency Responsible	Amount of Service(s) Necessary	Beginning and Ending Dates for ESY Service(s)	Additional Comments to Assist ESY Staff Implementing Service(s)

See attached goal(s) & objective(s) to be addressed during ESY.
 Highlight only those goals and objectives to be addressed during ESY.
 When ESY services are determined to be necessary, then they are offered only for the amount of time and frequency noted on this document. Your signature indicates you participated in determining the type, amount, and duration of those service(s) for ESY.

Signature	Title	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Transportation needed during ESY: Yes No