

EXTENDED SCHOOL YEAR (ESY) P. 1

ELIGIBILITY CONSIDERATIONS CHECKLIST (To be completed by Case Manager & any related service providers IF you feel ESY services are needed)

Student Name: _____ DOB: _____ Grade: _____
 Case Manager: _____ Disability: _____ Attendance School: _____

Did the student qualify for ESY the previous school year?

Did the student receive ESY service the previous school year? Yes or No

If No, reason:

Does the data show that the student has regressed during interruptions in the educational program? Yes or No If Yes, complete the table below.

Spring Data Within four weeks of the end of school year)	Fall Data (Must be within 6 weeks of the start of the school year)	Winter (Complete after extended school break)	Did student recoup skills?
			_____ Yes _____ No
			_____ Yes _____ No
			_____ Yes _____ No

Were there mitigating circumstances that may have led to the student to regress and not recoup skills? Yes or No **If yes, describe:**

Are there special circumstances that warrant ESY? Yes or No **If yes, describe:**

Does the data show that the student does not maintain skills or knowledge necessary for attaining self-sufficiency and independence? Yes or No **If yes, list which goal(s), provide data, including dates:**

Signature of Administrator

Case Manager Signature

EXTENDED SCHOOL YEAR (ESY) P. 2

ELIGIBILITY CONSIDERATIONS CHECKLIST (To be completed by Case Manager & any related service providers IF you feel ESY services are needed)

Student Name:

Eligibility:

Current Grade:

Age:

Resident District:

Current Serving District:

Current Teacher:

NOT ATTENDING A PROGRAM:

Speech Only: YES ___ Dates: _____ min/week _____ #of weeks _____

OT Only: YES ___ Dates: _____ min/week _____ #of weeks _____

PT Only: YES ___ Dates: _____ min/week _____ #of weeks _____

If attending a summer classroom program answer the following:

Speech **in addition** to program: YES ___ NO ___
min/week _____ #of weeks _____ Dates: _____

OT **in addition** to program: YES ___ NO ___
min/week _____ #of weeks _____ Dates: _____

PT **in addition** to program: YES ___ NO ___
min/week _____ #of weeks _____ Dates: _____

One:One Aide required for ESY program: YES ___ NO ___

Current aide: _____ **Phone:** _____

Is the current aide interested in working during ESY? Yes ___ No ___

Is the student potty trained? YES ___ NO ___

Does the student have any food allergies/Special Diet? List: _____

Emergency Contact Person/Phone for ESY: _____

Signature of Administrator

Case Manager Signature
