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? ☐ Yes or ☐ No

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:**

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: Age:

Current Grade: Current Teacher:

Resident District: Current Serving District:

NOT ATTENDING A PROGRAM:

Speech Only: ☐ Dates: _____ min/week_____ #of weeks_____

OT Only: ☐ Dates: _____min/week_____ #of weeks_____

PT Only: ☐ 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 _____

Forms are due by May 1st

Updated April 2025