



**EXTENDED SCHOOL YEAR SERVICES  
SCREENING ELIGIBILITY - FORM A  
DETERMINATION SUMMARY**

SCHOOL: \_\_\_\_\_ CURRENT DATE: \_\_\_\_\_

List each student on your class roster and indicate the final ESY eligibility decision and the date that decision was made. Return to the Special Education Central Office.

STUDENT NAME	DOB	√ IF INELIGIBLE	√ IF ELIGIBLE	√ IF ELIGIBLE, PARENT DECLINED	DATE OF DECISION
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

Signature verifies completion of ESY Eligibility Decisions.

\_\_\_\_\_  
Teacher Signature

Date Received by Special Education Central Office: \_\_\_\_\_





**REGRESSION-RECOUPMENT DOCUMENTATION FORM**  
*Revised 2009*

Student's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

TARGETED CRITICAL GOALS/ BENCHMARKS/ OBJECTIVES OR SKILLS FOR ESY MONITORING	BREAK 1		BREAK 2	
	DATES: ___/___/___ TO ___/___/___		DATES: ___/___/___ TO ___/___/___	
		<b>REGRESSION- RECOUPMENT PROBLEM?</b> Was the highest post-break score lower than the highest pre-break score?		<b>REGRESSION- RECOUPMENT PROBLEM?</b> Was the highest post-break score lower than the highest pre-break score?
1.	Highest Pre-break score _____ Highest Post-break score _____	<input type="checkbox"/> yes <input type="checkbox"/> no	Highest Pre-break score _____ Highest Post-break score _____	<input type="checkbox"/> yes <input type="checkbox"/> no
2.	Highest Pre-break score _____ Highest Post-break score _____	<input type="checkbox"/> yes <input type="checkbox"/> no	Highest Pre-break score _____ Highest Post-break score _____	<input type="checkbox"/> yes <input type="checkbox"/> no
3.	Highest Pre-break score _____ Highest Post-break score _____	<input type="checkbox"/> yes <input type="checkbox"/> no	Highest Pre-break score _____ Highest Post-break score _____	<input type="checkbox"/> yes <input type="checkbox"/> no
4.	Highest Pre-break score _____ Highest Post-break score _____	<input type="checkbox"/> yes <input type="checkbox"/> no	Highest Pre-break score _____ Highest Post-break score _____	<input type="checkbox"/> yes <input type="checkbox"/> no

\_\_\_YES \_\_\_NO Did the student have a Regression-Recoupment problem across both breaks for any goal/benchmark/objective or skill?

\_\_\_YES \_\_\_NO Is the student eligible for the ESY services based on a pattern of Regression-Recoupment problems?

**CRITICAL POINT OF INSTRUCTION DOCUMENTATION FORM**  
*Revised 2009*

Student Name \_\_\_\_\_ Teacher Name \_\_\_\_\_

**For Critical Point of Instruction 1:**

- Yes     No    The student receives some/any instruction in general education classes.
- Yes     No    Present conditions make it likely that the student will lose time in general education classes or that the student will need an increase in special education support/service time. If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Yes     No    ESY services are likely to prevent the student from losing the general education class(es) time or increasing special education service time. Describe why or why not:

**For Critical Point of Instruction 2:**

- Yes     No    There is a list of skills/objectives considered to be critical or important for the student.  
 Self-help,     Social-behavioral, or     Community access
- Yes     No    There are data regarding the student's current performance on these skills that indicate the student is at a critical stage of making significant progress toward the acquisition, fluency, maintenance and/or generalization (A,F,M,G) of these skills AND
- Yes     No    The data and information support the probability that the student could master/maintain the skill(s)/objective(s) if provided ESY instruction and would not master/maintain the skill if ESY services were withheld.

CRITICAL SKILL(S) FROM CURRENT IEP	CURRENT PERFORMANCE	PROGRESS: Circle A    F    M    G	IMPACT OF PROVIDING ESY SERVICES

**EMPLOYMENT DOCUMENTATION FORM**  
*Revised 2009*

Student Name \_\_\_\_\_ Teacher Name \_\_\_\_\_

- Yes  No Does the student have IEP goals and action steps targeted for transition in the area of employment?
- Yes  No Will the student be employed throughout the summer months?  
 (Attach the employer's written intention to continue employment during the summer months.)
- Yes  No Is the student in need of services to maintain the paid employment? If yes, please describe the need for service during the summer:

Employment Related Goals or Action Steps	Current Job Performance	Describe Need For Support

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TRANSITION FROM EARLY STEPS TO PRESCHOOL DOCUMENTATION FORM**  
*Revised 2009*

Student Name \_\_\_\_\_ Teacher Name \_\_\_\_\_

Yes  No The student's third birthday occurred in the spring or summer.

Yes  No There are performance data from the student's IFSP indicating critical goals/benchmarks/objectives or skills on the current IEP may be lost or not maintained.

CRITICAL GOALS/ BENCHMARKS/ OBJECTIVES OR SKILLS ON THE IEP	PERFORMANCE DATA FROM THE IFSP

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**TRANSITION TO POST-SCHOOL OUTCOMES DOCUMENTATION FORM**  
*Revised 2009*

Student Name \_\_\_\_\_ Teacher Name \_\_\_\_\_

- Yes     No    The student is expected to exit the LEA at the end of the school year.
- Yes     No    There is a list of incomplete action steps and corresponding goals that are the responsibility of the LEA.
- Yes     No    The student needs transition services during the summer months for these action steps to be completed.

Incomplete Action Steps	Corresponding Goals	Describe the Steps that Need to be Completed.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXCESSIVE ABSENCES DOCUMENTATION FORM**  
*Revised 2009*

Student Name \_\_\_\_\_ Teacher Name \_\_\_\_\_

Yes  No There is verification of more than 25 days for health related absences (without hospital/homebound services).

Yes  No There are performance data on the student's lack of progress on established goals and objectives as a result of the health-related absences.

<b>Describe the lack of progress on high priority goals and objectives.</b>	<b>Describe significant impact of providing ESY services on the student's ability to master high priority goals and objectives.</b>

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**LETTER OF EXTENDED SCHOOL YEAR SERVICES (ESYS)  
INELIGIBILITY DETERMINATION (Revised 2009)**

Date \_\_\_\_\_

RE: Preliminary Determination of **INELIGIBILITY** for ESYS

Dear Parent[s]:

As a student receiving special education services, your child \_\_\_\_\_ is considered for needing extended school year services (ESYS) to ensure the provision of a free appropriate public education. During the current school year, data and information have been collected on your child to examine the need for extended school year services. An initial review of the data indicates that your child **does not meet the criteria for ESYS** and **appears to be ineligible** to receive extended school year services this year.

**HOW WAS THIS DATA COLLECTION CONDUCTED?**

To make this preliminary determination, your child's teacher and/or related service personnel (e.g. physical therapist, social worker, etc.) reviewed data from these sources:

- \_\_\_\_\_ your child's evaluation/re-evaluation
  - \_\_\_\_\_ your child's current IEP
  - \_\_\_\_\_ your child's current functional behavioral assessment
  - \_\_\_\_\_ your child's behavior support plan and related data
  - \_\_\_\_\_ your child's class work and test scores
  - \_\_\_\_\_ your child's progress reports
  - \_\_\_\_\_ your child's progress toward grade level expectations
  - \_\_\_\_\_ your child's action steps on the transition plan
  - \_\_\_\_\_ other [please describe]
- \_\_\_\_\_
- \_\_\_\_\_

The data collected was then applied to the ESYS Services eligibility criteria listed below in accordance with previous discussions during your child's annual IEP meeting, and based upon your child's current educational needs.

- \_\_\_\_\_ Regression-Recoupment
- \_\_\_\_\_ Critical Point of Instruction -1
- \_\_\_\_\_ Critical Point of Instruction -2
- \_\_\_\_\_ Employment
- \_\_\_\_\_ Transition from Early Steps to Part B Preschool
- \_\_\_\_\_ Transition to Post School Outcomes
- \_\_\_\_\_ Excessive Absences

Attached to this letter is a photocopy of the ESYS Criteria Documentation Form that was completed using the above collected data/information.

**WHAT IF YOU DISAGREE WITH THE PRELIMINARY DETERMINATION?**

Participation in ESYS is ultimately an IEP Team decision. Please be aware that you are entitled to an IEP meeting to discuss this data/information and review the preliminary ESYS eligibility determination. If you disagree with the preliminary determination that your child is ineligible, you can request a meeting to discuss the process used and/or the data collected. Please contact either your child's teacher or the \_\_\_\_\_ School System at \_\_\_\_\_ to request an IEP meeting. You are also free to call your child's teacher to simply discuss the process or the related data.

**LETTER OF EXTENDED SCHOOL YEAR SERVICES (ESYS)  
ELIGIBILITY DETERMINATION  
AND SCHEDULE OF IEP MEETING**

Date

RE: Preliminary Determination of **ELIGIBILITY** for ESYS

Dear Parent[s]:

As a student receiving special education services, your child \_\_\_\_\_ is considered for needing extended school year services (ESYS) to ensure the provision of a free appropriate public education. During the current school year, data and information have been collected on your child to examine the need for extended school year services. An initial review of the data indicates that your child **does meet the criteria for ESYS** and **is eligible** to receive ESYS services this year.

**HOW WAS THIS DATA COLLECTION CONDUCTED?**

To make this preliminary determination, your child's teacher and/or related services personnel (e.g. physical therapist, social worker, etc.) reviewed data from these sources:

- \_\_\_\_\_ your child's evaluation/re-evaluation
  - \_\_\_\_\_ your child's current IEP
  - \_\_\_\_\_ your child's current functional behavioral assessment
  - \_\_\_\_\_ your child's behavior support plan and related data
  - \_\_\_\_\_ your child's class work and test scores
  - \_\_\_\_\_ your child's progress reports
  - \_\_\_\_\_ your child's progress toward grade level expectations
  - \_\_\_\_\_ your child's action steps on the transition plan
  - \_\_\_\_\_ other [please describe]
- 
- 

The data collected was then applied to the ESYS eligibility criteria listed below in accordance with previous discussions during your child's annual IEP meeting, and based upon your child's current educational needs.

- \_\_\_\_\_ Regression-Recoupment
- \_\_\_\_\_ Critical Point of Instruction -1
- \_\_\_\_\_ Critical Point of Instruction -2
- \_\_\_\_\_ Employment
- \_\_\_\_\_ Transition from Early Steps to Part B Preschool
- \_\_\_\_\_ Transition to Post School Outcomes
- \_\_\_\_\_ Excessive Absences

At the upcoming IEP meeting, the Team will review and discuss the data collected and the ESYS Criteria Documentation Form(s) that was/were completed.

**WHAT HAPPENS NEXT?**

Participation in ESYS Services is always an IEP Team decision, and the Team must meet to determine the services your child will receive and which personnel will be needed during this extension of the school year. The IEP Team will also target the goals and objectives from the current IEP that have been identified as critical skills needing further instruction. Finally, the IEP Team will determine the amount, duration, and scope of ESYS services which means the number of days per week the number of hours per day, and the total number of weeks of your child's ESYS.

The persons attending and participating in your child's IEP meeting will include:

<u>Position/Title</u>	<u>Name</u>
Officially Designated Representative of LEA (School System)	_____
Your Child's Teacher	_____
Parent(s)	_____
Other(s)	_____

Your attendance and participation at the IEP Team meeting are important to the process of developing the extended school year instructional plan. We ask that your child attend the meeting, unless you choose not to have him/her present. You may also take other persons with you to assist in planning your child's ESY services.

Please meet as a member of the IEP Team on \_\_\_\_\_  
(Date) (Time)  
at \_\_\_\_\_. If this time is inconvenient or if you have further questions concerning  
(Place)  
the ESY Services please contact \_\_\_\_\_ at \_\_\_\_\_.

Please indicate below whether you plan to attend the IEP meeting as scheduled or/whether you need to reschedule.

Enclosed is a copy of procedural safeguards. Please review to protect the rights of you and your child.

**Please return this form within three (3) days to your child's teacher.**

\_\_\_ I plan to attend the IEP Team meeting at the time and place indicated.

\_\_\_ I am unable to attend the IEP Team meeting at the time and place indicated. The best day and time for me is  
\_\_\_\_\_  
Date/Time

\_\_\_ I am unable to attend the IEP Team meeting scheduled, in person, but I would still like to participate by telephone conference. Please call me at (\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ at the date and time specified.

\_\_\_ I have received a copy of *Louisiana's Educational Rights of Children with Disabilities*.

**Note:** Parent(s)/guardian(s) of a child with a disability should receive a copy annually, as well as (1) the first time the child is referred for evaluation; (2) the first time a complaint is filed; (3) whenever a parent asks for a copy

\_\_\_ I **decline** the offer for Extended School Year Services for this coming summer.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

