

## Extended School Year (ESY) Criteria Documentation Form

Student:

Last IEP Date:

School/LEA:

Instructions: Check the box in front of each criterion considered for ESY.

For each of the considered criterion, check those boxes to reflect evidence in the student's file considered to support eligibility or ineligibility. If all 'yes' boxes in bold under a criterion are checked, the student is eligible.

**Regression-Recoupment**

**Eligible**

**Not eligible**

Yes  No There are 4 or more essential objectives targeted.

Break 1		Break 2	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The break is a minimum of 5 consecutive instructional days.

There are 3 pre-break data scores for each of the 4 objectives.

There are 5 post-break data scores for each of the 4 objectives.

**Yes**  **No** There is a pattern of regression-recoupment problems for the targeted objectives such that the average of the 3 pre-break scores are higher than all 5 post-break scores for both breaks for at least one targeted objective and/or at least half the breaks across all targeted objectives.

**Critical Point of Instruction-1**

**Eligible**

**Not eligible**

**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.

**Yes**  **No** ESYP services are likely to prevent the student from losing the general education class(es) time or increasing special education service time.

**Critical Point of Instruction-2**

**Eligible**

**Not eligible**

**Yes**  **No** There is a list of skills/objectives considered to be crucial or important for the student.

Self-help,  Social-behavioral, or  Community access

**Yes**  **No** There is documentation regarding the student's current performance on these skills that indicate the student is *about at criterion*, or *almost has it* AND

**Yes**  **No** The data and information support the probability that the student could master/maintain the skill(s) or objective(s) if provided ESYP instruction and would not master/maintain the skill if ESYP were withheld.

**Self Injurious Behavior**

**Eligible**

**Not eligible**

**Yes**  **No** The student engages in persistent, regular, or continuous self-injurious behavior (SIB).

**Yes**  **No** There is a description/definition of the SIB.

**Yes**  **No** There are baseline data on the SIB.

**Yes**  **No** There is a description of the intervention plan and any necessary revisions.

**Yes**  **No** There are intervention data.

**Employment**

**Eligible**

**Not eligible**

**Yes**  **No** The student is between 16 and 22 years and current IEP addresses vocational/employment goals/objectives.

**Yes**  **No** Student's paid employment began prior to ESYP screening date.

**Yes**  **No** Performance data indicate that the student will need support to maintain the paid employment throughout the summer

**Yes**  **No** The employer provided a written statement indicating the intention to employ the student throughout the summer.

**Transition**

**Eligible**

**Not eligible**

**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 objectives 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.

**Excessive Absences**

**Eligible**

**Not eligible**

**Yes**  **No** There is verification of 25 or more health related absences (without hospital/homebound services).

**Yes**  **No** There are data of the student's lack of progress on essential skills as a result of the health-related absences.

**Yes**  **No** ESYP could have a significant impact on the student's ability to make continued progress toward the acquisition of high priority goals and objectives absolutely necessary for his or her continued progress.

**Late Entry**

**Eligible**

**Not eligible**

**Yes**  **No** The student entered (was identified/Initial IEP/etc.) after January 1<sup>st</sup> (but before screening date).

**Yes**  **No** There is insufficient documentation to determine eligibility.

**Yes**  **No** There is a description of the student's inability to make the progress projected.

**Yes**  **No** ESYP could have a significant impact upon the student's ability to master high priority goals/objectives.

**Extenuating Circumstances**

**Eligible**

**Not eligible**

**Yes**  **No** The student does not qualify for any of the above criterion.

**Yes**  **No** There is reason to believe that a break in instruction will have a negative impact on the student.

\_\_\_\_\_  
Teacher of Record Signature

\_\_\_\_\_  
Date

