

ESYP SCREENING DETERMINATION FORM

Revised 2005

Teacher's Name _____ School _____

Write the names of the students in your class who have been determined to be eligible for the ESYP according to the Louisiana State Department of Education eligibility criteria.) in the appropriate Place a check mark (column to indicate how the student qualified.

CRITERIA

Student's Name	Regression-Recoupment	Critical Point of Instruction (Indicate 1 or 2.)	Self-Injurious Behavior	Employment	Transition	Excessive Absences	Late Entry	Extenuating Circumstances

Submit this form to the Director/Supervisor of Special Education by the ESYP Screening Date.