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| **EXTENDED SCHOOL YEAR (ESY)** | | | | | | | | | | | | |
| * This student attends a twelve (12) month program. | | | | | | | | | | | | |
| **Determination of ESY Decision** | | | | | | | **Determination Date**: | | | | | |
| *All of the following criteria used in determining eligibility* ***must*** *be considered:*  **Regression-Recoupment**: Refers to a student’s loss of a skill on IEP objective(s) after at least two (2) breaks in instruction without regaining the documented level of skill(s) prior to the break within the specified period.  **Critical Point of Instruction 1**: Refers to the need to maintain a student’s critical skill to prevent a loss of general education class time or an increase in special education service time.  **Critical Point of Instruction 2**: Refers to a point in the acquisition or maintenance of a critical skill during which a length break in instruction would lead to a significant loss of progress.  **Extenuating Circumstances**: Refers to special situations that jeopardize the student’s receipt of a FAPE unless ESY services are provided.   * **Consideration**: The IEP Committee considered all criteria when determining the student’s eligibility for receiving ESY services | | | | | | | | | | | | |
| ***NOTE:*** *Although ESY services typically focus on existing annual goals or STIO/Bs, the IEP Committee may determine the child needs to master a new goal or objective to be able to master or maintain the critical skill identified as the basis for ESY services. Only in this situation may the IEP Committee write a new goal and/or objective to address this critical skill.* | | | | | | | | | | | | |
| * **This student’s situation MEETS criteria for ESY Services based on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**   *(Indicate criterion that qualified student)*   * **This student’s situation MEETS criteria for ESY Services, but the parent/guardian does not accept the service.** * **This student’s situation DOES NOT MEET the criteria for ESY Services.**   ***Document the basis for the decision. Documentation of how the decision was made MUST be in the student’s file.*** | | | | | | | | | | | | |
| **Measurable Annual Goals or Short-Term Instructional Objectives/Benchmarks (STIO/B)**  *These must be existing measurable annual goals or STIO/Bs except for situations as described in the note above.* | | | | | **TA** | **MOM** | | **Report of Progress** | | | | |
| **CLP** | | | | **PAG** |
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| **TA** = Transition Activity | **Methods of Measurement (MOM)** | | | | | | | **Report of Progress** | | | | |
| **OBS** = Observation  **CRT** = Criterion Reference Test  **CBM** = Curriculum Based Measure | | **WS** = Work Samples  **D/P** = Demonstration/Performance  **Other**: | | | | | **CLP** = Current Level of Performance  **PAG** = Progress on Annual Goal  *See Annual Goal page for codes* | | | | |
| A **Progress** **Report** will be given to parents every week(s)  or at the end of the student’s ESY services on  **.** | | | | | | | | **Date(s) progress report given to parent** | | | | |
| **Types of Service** | | **# of Weeks** | | **Duration/**  **Frequency** | **Area**  *(See Special Education and Related Service page for code)* | | | | **Location** | **Start Date** | **End Date** | |
| Educational Services | |  | |  |  | | | |  |  |  | |
| Related Services\*\* | |  | |  |  | | | |  |  |  | |
| Transportation | |  | |  |  | | | |  |  |  | |
| Other: | |  | |  |  | | | |  |  |  | |
| Other: | |  | |  |  | | | |  |  |  | |
| *\*\* Any related services provided (except transportation)* ***must*** *have a corresponding measurable annual goal or STIO/B.* | | | | | | | | | | | | |