

CONSIDERATION FOR EXTENDED SCHOOL YEAR (ESY) SERVICES

Student: _____ Birthdate: _____

District _____ School _____ Grade _____ Age _____

The Individualized Education Program (IEP) team considers the following information when the need for ESY services is being reviewed to ensure a Free Appropriate Public Education (FAPE). Documentation is attached.

Check "yes" or "no" to indicate whether the IEP team considered the following factors to be relevant to this student. For each factor checked "yes", please provide an explanation .

1. The Degree of Impairment: ___ Yes ___ No

Explanation:

2. Regression and the necessary time for recoupment of skills which regressed: ___ Yes ___ N

Explanation:

3. Ability of the student's parent to provide educational structure at home: ___ Yes ___ No

Explanation:

4. Rate of progress: ___ Yes ___ No

Explanation:

5. Behavioral Problems/Concerns: ___ Yes ___ No

Explanation:

6. Physical Problems/Concerns: ___ Yes ___ No

Explanation:

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7. Availability of alternative resources: Yes No

Explanation:

8. Ability of the student to interact with nondisabled children: Yes No

Explanation:

9. Areas of the student's curriculum requiring continuous attention: Yes No

Explanation:

10. Consideration of Least Restrictive Environment(LRE) to determine ESY services:
 Yes No

Explanation:

11. Vocational needs of student: Yes No

Explanation:

12. Whether the requested service is extraordinary for the student's condition as opposed to an integral part of a program for those with the student's condition: Yes No

Explanation:

13. Other relevant factors: Yes No

Explanation: