

ANW Education Cooperative Extended School Year

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Student Eligibility Form

Date _____
Student's Name _____
DOB _____
School District# _____ School _____
Building _____ Age _____
Parent(s) _____

Phone: _____

Address _____

Working Definition: Extended School Year is specially designed instruction provided special education students regressing from an extended break in instruction and requiring more than 45 school days to recoup skills lost from that break or the students exhibit severe disabilities that if the continued structure of ESY were not to be provided these students would not be able to participate in FAPE. The purpose of this eligibility form is to establish need for an extended school year.

NOTE: This application must be complete. A response is required for each item.

Questions the IEP team must address:

1. What is the student's primary/secondary exceptionality? What disabilities does the student have? _____

2. In what developmental domain(s) does the student demonstrate continuous need? Circle those appropriate:
Academic Behavior Motor

Communication Social-emotional Self-help
Health/physical

3. Did interruptions occur in the student's regular school term that effected instructional continuity (e.g., frequent illness, surgery, hospitalizations, convalescence)? If so, please describe: _____

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4. In what developmental domain(s) (academic, behavior, motor, communication, social-emotional, self-help, health/physical) has the student demonstrated significant regression during extended breaks in instruction in the current school year? Describe the regression:_____

5. What was the impact of extended breaks (Christmas, spring break, summer) on the student's learning/skill development? How much was lost? How much (if any) was able to be recouped? What was the time frame for recoupment?_____

6. Has the student been able to progress educationally from year to year without extended school year programming? Yes_____ No_____ If no, please explain_____

7. What skills would the student be unable to recoup within the first 45 days of the next school term?_____

8. Will the skills learned by the student during the regular school year be significantly jeopardized if an extended school year program is not provided?

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9. List (or attach) the specific IEP goals and objectives the student will work on during ESY (**PLEASE NOTE:** The IEP must SPECIFICALLY list measurable goals for the ESY session for either the 4 weeks or part of that time. If the team feels the student needs ESY services beyond 4 hours daily for 4 weeks in order to avoid regression, contact your coop administrator). Goal bench marks should reflect a maintenance of progress rather than an increase in skills.

10. What related services will be required for the student to meet IEP goals/objectives during ESY? (**PLEASE NOTE:** The IEP team must delineate what related services are needed, and how much time they are needed for ESY in the anticipated services section of the IEP.) Please consider whether or not APE or school health services are needed.

The IEP Team has established (check the appropriate statement):

_____ This student meets extended school year criteria and is eligible for extended school year services.

_____ This student does not meet extended school year criteria and is not eligible for extended school year services.

IEP Team Members' Signatures:

Parent _____
Date _____

Parent _____
Date _____

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Student Eligibility Form

Principal_____

Date_____

Special education

teacher_____

Date_____

General education

teacher_____

Date_____

School

Psychologist_____

Date_____

Other team

Member_____

Date_____

Other team

Member_____

Date_____

Other team

Member_____

Date_____

Please note- IEP team/IEP document must include:

- 1.) Measurable goals and objectives specifically for ESY.
- 2.) Anticipated services section of IEP must list # of minutes per day in specially designed instruction and dates (180 minutes 4 days weekly from June 8-July 1.)
- 3.) Related services must state what related services are necessary during ESY with dates and amount of time per week (e.g., speech-language, OT, PT, APE, school health).