

**EXTENDED SCHOOL YEAR SERVICES
SCREENING ELIGIBILITY - FORM A – Revised 2015
DETERMINATION SUMMARY**

ROSTER TEACHER _____ SCHOOL _____

List each student on your class roster and indicate the final ESY eligibility decision and the date that decision was made. Return to the Special Education Central Office.

STUDENT NAME	DOB	√ IF INELIGIBLE	√ IF ELIGIBLE	√ IF ELIGIBLE, PARENT DECLINED	DATE OF DECISION
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Total number eligible for ESY is _____.

Signature verifies completion of ESYS Eligibility Decisions. Individual teacher forms were submitted to Coordinator. All forms were checked and complied for submission. Original forms are on file with case managers.

Special Education Coordinator/

Date Received by Special Education Central Office: _____

ESYS Excessive Absences Documentation Form

Revised 2015

Student Name: _____ Roster Teacher: _____

School: _____ Date: _____

Yes No There is verification of more than 25 days for health related absences (without hospital/homebound services).

Yes No There are performance data on the student's lack of progress on established goals and objectives as a result of the health – related absences.

Describe the lack of progress on high priority goals and objectives.	Describe significant impact of providing ESY services on the student's ability to master high priority goals and objectives.

Comments:

ESYS Employment Documentation Form

Revised 2015

Student Name: _____ Roster Teacher: _____

School: _____ Date: _____

Yes No Does the student have IEP goals and action steps targeted for transition in the area of employment?

Yes No Will the student be employed throughout the summer months?

Yes No Is the student in need of services to maintain the paid employment? If yes, please describe the need for service during the summer: _____

Employment Related Goals or Action Steps	Current Job Performance	Describe Need For Support

Comments:

ESYS Transition to Post-School Outcomes Documentation Form

Revised 2015

Student Name: _____ Roster Teacher: _____

School: _____ Date: _____

- 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 goals that are the responsibility of the LEA.
- Yes No The student needs transition services during the summer months for these actions steps to be completed.

Incomplete Action Steps	Corresponding Goals	Describe the Steps That Need to be Completed

Comments:

ESYS Transition from Early Steps to Preschool Documentation Form

Revised 2015

Student Name: _____ Roster Teacher: _____

School: _____ Date: _____

Yes No The student's third birthday occurred in the spring or summer.

Yes No There are performance data from the student's IFSP indicating critical goals/benchmarks/objectives or skills on the current IEP may be lost or not maintained.

Critical Goals/ Benchmarks/ Objectives or Skills on the IEP	Performance Data From the IFSP

Comments:
