



**ELIGIBILITY WORKSHEET – EXTENDED SCHOOL YEAR (ESY)**

Student:	Student UID#:	DOB:
School:	Grade:	Age:

**I. ESY Eligibility Determination**

**After the consideration of applicable data, the IEP Team has determined:**

Yes	No	Factors for Consideration
		The student regresses or may regress during extended breaks from instruction and cannot relearn the lost skills within a reasonable time; or
		The benefits a student gains during the regular school year will be significantly jeopardized if he or she is not provided with an educational program during extended breaks from instruction; or
		The student is demonstrating emerging skill acquisition (“window of opportunity”) that will be lost without the provision of an educational program during extended breaks from instruction.

**Based on the information above:**

Yes	No	Determination
		The student is eligible to receive Extended School Year services.
		The student is not eligible to receive Extended School Year services.
		Eligibility cannot be determined at this time. The IEP Team will determine eligibility by --/--/---.

**II. ESY Program Description**

Describe the ESY program for this student by indicating the type(s) of service (special education and/or related service) and the number/length/location of session(s). Specify which annual goals from the current IEP that will be addressed during ESY by attaching a copy of the goal sheet to the Worksheet- ESY.

Type of Service	ESY Sessions		
	Number	Length	Location

ESY Start Date:	
ESY End Date:	

Date given to Parent/Guardian: \_\_\_\_\_

\*Place a copy of the Eligibility Worksheet- ESY in the student’s EC File.