

CONSIDERATION FOR EXTENDED SCHOOL YEAR (ESY) SERVICES

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE: _____ AGE: _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

The Individualized Education Program (IEP) team must complete the following information during the annual IEP review or any time the need for ESY services is being considered by the IEP team to ensure a Free Appropriate Public Education (FAPE). Documentation should be attached to the child's IEP.

Check yes or no whether the IEP team considered the following factors to be relevant to this child. For each factor checked yes, an explanation must be included.

1. Degree of impairment: yes no

Explanation:

2. Regression and the time necessary for recoupment of skills: yes no

Explanation:

3. Ability of the child's parents to provide educational structure at home: yes no

Explanation:

4. Rate of progress: yes no

Explanation:

5. Behavioral problems: yes no

Explanation:

6. Physical problems: yes no

Explanation:

7. Availability of alternative resources: yes no

Explanation:

8. Ability of the child to interact with nondisabled children: yes no

Explanation:

9. Areas of the child's curriculum require continuous attention: yes no

Explanation:

10. Consideration of Least Restrictive Environment (LRE) to determine ESY services? yes no

Explanation:

11. Vocational needs: yes no

Explanation:

12. Whether the requested service is extraordinary for the child's condition as opposed to an integral part of a program for those with the child's condition. yes no

Explanation:

13. Other relevant factors: yes no

Explanation:

No single criterion has been identified as the determining factor for ESY services. Decisions regarding whether a child with a disability requires ESY services to receive a FAPE remain an IEP team decision and cannot be limited by use of a formula or single measure.

The IEP annual goals requiring ESY service(s) and the type, amount, and duration of ESY services will be determined by the IEP team. The time period during which ESY services may be offered may not be restricted.

The IEP team has determined ESY services are necessary for the provision of a FAPE to this child.

yes no

IEP TEAM MEMBERS PARTICIPATING IN REVIEW OF EXISTING DATA FOR ESY:

Parent(s)	Date
Student (as required)	Date
Special Education Teacher	Date
Regular Education Teacher	Date
Administrative Representative	Date
Other (indicate name and title)	Date

* The IEP team must specify which annual goal(s) are to be addressed by the ESY services for the child to receive FAPE. The specific amount and type of special education and related services to be provided must be stated in the IEP.