

BRUSH COUNTRY CO-OP

EXTENDED SCHOOL YEAR ELIGIBILITY WORKSHEET

Student: _____ DOB: _____

District: _____ Campus: _____ Grade: _____

Primary Area of Eligibility: _____ Secondary Area of Eligibility (if applicable): _____

Date of ARDC meeting when ESY Eligibility Worksheet was completed: _____

I. ESY Eligibility Determination

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

- The student regresses or may regress during extended breaks from instruction and cannot relearn the lost skills within a reasonable time; **OR** ☐ YES ☐ NO
- 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** ☐ YES ☐ NO
- 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. ☐ YES ☐ NO

Based on the information above:

- ☐ The student **is eligible** to receive Extended School Year.
(Eligibility requires one affirmative answer to the bulleted statements above.)
ESY Start Date: ____ / ____ / ____ **ESY End Date:** ____ / ____ / ____
- ☐ The student **is not eligible** to receive Extended School Year.
- ☐ Eligibility cannot be determined at this time. The IEP will determine eligibility by: ____ / ____ / ____.

II. ESY Program Description (Complete if determined eligible.)

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

Type of Service	Number of Sessions	Length of Sessions	Location of Sessions

Place completed worksheet in Eligibility file.

Copy given/sent to parent(s): ____ / ____ / ____