

Extended School Year (ESY) Student Recommendations

Date: _____
School: _____
Referring Teacher: _____

Please provide the following the information,
in detail, on each student eligible to attend ESY program.

ESY -- REFERRALS MUST BE AT BOE BY MAY 1, 2009.

Student Name: _____ Home Phone: _____

Address: _____ City _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Parent/Guardian work phone: _____

Behavioral Functional Goals: _____ Yes _____ No
_____ Attach hi-lighted copy of goals and objectives to be extended.

Academic Functional Goals: _____ Yes _____ No
_____ Attach hi-lighted copy of goals and objectives to be extended.

Assistive Technology: _____ Yes _____ No
Device(s) used by the student _____
How student accesses device(s) _____
Prompts/cues needed _____

Therapy Services for ESY:

A student is eligible for any therapy services identified in the IEP as long as ESY is addressed. Attach a copy of the IEP page that states services with segments to be received.

Speech-Language Therapy: _____ Yes _____ No
_____ Attach copy of hi-lighted goals and objectives to be extended
_____ Attach copy of Medicaid billing forms (daily log and monthly log)

Physical Therapy: _____ Yes _____ No
_____ Attach copy of hi-lighted goals and objectives to be extended
_____ Attach copy of Medicaid billing forms (daily log and monthly log)

Occupational Therapy: _____ Yes _____ No
_____ Attach copy of hi-lighted goals and objectives to be extended

Please add any additional student information needed for ESY: _____

- **REMEMBER ---- If goals and objectives are not hi-lighted and attached to the ESY referral packet, the packet will be returned to YOU.**

**Candler County Special Education
Review for Extended School Year Eligibility**

Student Name: _____ School: _____

1. Is the student achieving passing grades in the regular education program?
_____ Yes _____ No _____ N/A Comments:

2. Is the student experiencing success in meeting the objectives of the IEP?
_____ Yes _____ No _____ N/A Comments:

3. At the start of the school year, was the teacher able to begin instruction at the level indicated by the current IEP in critical areas?
_____ Yes _____ No _____ N/A Comments:

4. Was the student working on new critical skills indicated by the beginning of the second nine-week grading period?
_____ Yes _____ No _____ N/A Comments:

5. Does this student routinely display a loss of critical skills following interruptions in instruction during the regular school year?
_____ Yes _____ No _____ N/A Comments:

6. Does the student's IEP target objectives that are considered interfering behaviors that will prevent the student from receiving some benefit from his/ her education program during the regular school year?
_____ Yes _____ No _____ N/A Comments:

7. Is the interruption of programming for this (these) interfering behavior(s) likely to prevent the student from receiving some benefits from his/her educational program without ESY services?
_____ Yes _____ No _____ N/A Comments:

8. Is the student able to maintain the critical skills identified in the IEP without extended school year (ESY) programming?
_____ Yes _____ No _____ N/A Comments:

9. Would extended disruption of services render the student's current years program of no meaningful educational benefit?
_____ Yes _____ No _____ N/A Comments:

Based on the data reviewed, the student _____ does / does not
Require extended school year (ESY) services.