

**EXTENDED SCHOOL YEAR
SCREENING FORM**

Student Name _____

Address _____ Home Phone _____

Handicapping Category, Condition(s) _____

Service Provider _____ Title _____

1. Is there progress toward achievement of IEP objectives during the regular school year? ____ yes, ____ no.

2. Indicate evidence of progress or lack of progress toward achievement of IEP objectives during the regular school year.

3. Is there evidence of severe difficulty in maintaining skills learned during the regular school year? ____ yes, ____ no.

4. Description and examples of severe difficulty in maintaining skills learned during the regular school year. (Indicate specific skills.)

5. Is there evidence of severe skill regression during breaks in programming? ____ yes, ____ no.

6. Provide evidence of severe skill regression or lack of regression during breaks in programming and rate of recoupment. (Indicate specific skills.)

EXTENDED SCHOOL YEAR, SCREENING FORM (Cont.)

7. List factors such as degenerative condition, environmental or other considerations that might indicate a need or lack of need for ESY services.

8. Recommended for further consideration for ESY programming? ____ yes, ____ no.

Multidisciplinary Team Members

Date _____

Signature & Title

Signature & Title

Signature & Title

Signature & Title