

**EXTENDED SCHOOL YEAR SERVICES CHECKLIST
FOR CHILDREN AND YOUTH WITH DISABILITIES**

The IEP team will complete this checklist during the annual IEP review or any time when considering a student's need for extended school year services to ensure a free appropriate public education. Additional documentation should be attached as appropriate and maintained in the child's individual special education records.

Child: _____ Birthdate _____ Grade _____

Date of Review: _____ School Site _____

- 1. Skill areas and annual goals being considered:

List/explain:

- 2. Degree of the impairment

Degree of impairment: Mild _____ Moderate _____ Severe _____

Describe/explain:

- 3. Degree of regression and the time necessary for recoupment of skills

- A. Documented degree of regression in the past:

Documentation source/basis:

Documentation not available _____

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B. Documented amount of time required for recoupment of skills in the past:

Documentation source/basis:

Documentation not available ____

C. Predicted degree of regression during interruption of child's educational program (such as school breaks):

D. Predicted amount of time required for recoupment at the beginning of each school year if this child does not receive ESY services:

4. Ability of the child's parents to provide educational structure at home:

Information/Comments:

5. Child's rate of progress:

Information/data reviewed:

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Comments on IEP annual goals and progress:

6. Describe any behavioral problems:

7. Describe physical problems that the child has:

8. Availability of alternative resources for this child:

9. Child's ability to interact with nondisabled children:

Comments on IEP determination for least restrictive environment:

10. Area(s) in curriculum that require continuous attention for the child:

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11. The child's vocational needs:

12. Is the area of service(s) under consideration "extraordinary" to this child's disability as opposed to an integral part of a program for those with the child's disability?

Yes _____ No _____

13. Other relevant factors as determined by the IEP Team:

Additional Information or Comments: _____

The IEP team has determined ESY service(s) are necessary for the provision of FAPE.

*Yes _____ No _____

*The IEP annual goals and benchmarks or short-term objectives requiring ESY service(s) are determined by the IEP team in accordance with 34 CFR §§ 300.340 – 300.350. The type, amount, and duration of ESY services will be determined by the IEP team on an individual basis and not based on particular categories of disability.

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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

Related Service Provider(s) (as appropriate) Date

Others (indicate name and title) Date