

**EXTENDED SCHOOL YEAR
RECORD OF MULTIDISCIPLINARY TEAM ACTION**

Student Name _____ D.O.B. _____

Address _____ Home Phone _____

Handicapping Category, Condition(s) _____

1. List special education and related services provided during the regular school year.

2. Record the profile of the student indicated on the ESY screening form(s).

3. Record any additional data pertinent to determining eligibility or lack of eligibility for ESY services.

4. List and discuss the factors in the ESY policy that are relevant to this student's ESY eligibility.

5. Record the data that demonstrates that the student does or does not meet the standard for eligibility for ESY programming.

**EXTENDED SCHOOL YEAR, RECORD OF MULTIDISCIPLINARY
TEAM ACTION (Cont.)**

- 6. Recommended for Extended School Year? ____ yes, ____ no.
- 7. If the child is eligible for an ESY, please recommend and record the nature, duration, and frequency of services needed to prevent or slow regression and maintain skills.

Multidisciplinary Team Members:

Date _____

Signature Title

Signature Title

Signature Title

Signature Title

I have discussed and been made aware of my child's eligibility for Extended School Year services, as described above, and ____ accept, ____ reject the placement of my child in the Extended School Year program.

(Parent or Legal Guardian) Date