

ISD 279 - Osseo Area Schools Special Education Department	Extended School Year (ESY) <i>Determination Checklist</i>
Student: _____	School: _____ Grade: _____
Primary Disability: _____	IEP Manager: _____ Date: _____

ESY needs to be considered annually. The IEP Team will base the need for extended school year on data collection and discussion. Refer to the Due Process manual for a complete guideline for ESY.

I. Determination of the need for Extended School Year in one of the following areas. Check one: A, B or C.

- A. Regression / Recoupment**
 - Yes** **No** There is documented, **significant regression** of skill(s) or acquired knowledge from the student's level of performance on an annual goal(s) that requires more than the length of the break in instruction to **recoup** the level of performance supported by ongoing data collection, test scores, progress reports, grades, etc. (*Attach Data Collection Tool*)
- B. Self-Sufficiency**
 - Yes** **No** The student, who is in a **functional curriculum**, has the following **functional skills** identified as goals in their current IEP. (Check all that apply)
 - muscular control
 - physical mobility
 - impulse control
 - personal hygiene
 - basic communication
 - basic self-help, including toileting, eating, feeding, and dressing
 - development of stable relationships with peers and adults
 - functional academic competency including basic reading & writing skills, concepts of time & money, and numerical or temporal relationships.

Taking into consideration the student's age, level of development, the nature and degree of the disability, the timeliness for teaching the skill, and the critical nature of the functional skill(s) identified above, the longitudinal data (i.e. ongoing data collection, test scores, progress reports, observations, etc.) indicates the student is not making reasonable progress toward self-sufficiency as identified in one or more goals from their current IEP.

- C. Student's Unique Need**
 - Yes** **No** Given the student's unique need(s), the team determines ESY services are necessary to insure the student receives a free appropriate public education. **Eligibility based upon unique needs must be approved by a Special Education Supervisor.** (*Attach documentation of student's unique need and explanation why ESY services are necessary.*)

II. ESY Determination

- Yes** **No** The IEP team had determined the student is eligible for ESY services by answering *yes* to the questions in Items A, B, or C. ***If eligible, check YES on the student's IEP and check next to the goal(s) on the IEP.***

Identify the IEP goal(s) to be worked on during the break in instruction.

Critical Goal # _____ Critical Objective # _____

Critical Goal # _____ Critical Objective # _____

III. Other Factors to Consider: In making the determination of ESY needs in Items A,B, or C, the IEP team must consider the relevance of the following factors:

- A. The student's progress & maintenance of skills during the regular school year
- B. Student's degree of impairment
- C. Student's rate of progress
- D. Student's behavioral or physical problems
- E. The availability of alternative resources
- F. Student's ability & need to interact with non-disabled peers

