

EXTENDED SCHOOL YEAR CONSIDERATION CHECKLIST

Ventura County SELPA IEP

Student Name: _____ D.O.B.: _____

District: _____ Date of Meeting: _____

1. Describe student's disability, including severity: _____

2. Describe the degree of *actual* or *likely* regression following a school break: _____

3. Describe the amount of time it takes or may take the student to regain the prior level of knowledge skills, benefits or functioning following a school break: _____

4. Identify other issues including physical, medical, emotional, social, behavioral, mental health, family, academic and/or vocational, which may affect student's ability to recoup skills after a break: _____

Based on the IEP team discussion, the team believes that one of the following is true:

- The student has, in the past, experienced a serious loss of knowledge or skills over a school break that he/she was unable to recoup in a reasonable amount of time, and is therefore eligible for ESY.
- The student may experience a serious loss of knowledge or skills over a school break that he/she will be unable to recoup in a reasonable amount of time, and is therefore eligible for ESY.
- The student is not likely to experience a serious loss of knowledge or skills over a school break that he/she will not recoup in a reasonable amount of time upon return to school, and is therefore **not** eligible for ESY.

If the IEP team agrees that ESY services are necessary, describe on the IEP.