

**JORDAN SCHOOL DISTRICT
PRIOR NOTICE FOR EXTENDED SCHOOL YEAR (ESY) SERVICES PLAN**

Student Name: _____ Classification: _____
 Date of Birth: _____ Grade _____ School: _____
 Teacher: _____ Parent(s)/Guardian: _____
 Home Address: _____
 Home Phone: _____ Emergency Phone: _____

Eligibility:

- Student does not qualify
- Using factors considered on page 2 and 3 of this plan, the Student does qualify based on:
- Retrospective Analysis or Predictive Analysis

The student needs services in one of the following areas:

- Special Education Instruction
- Reading Math Writing Other (including behavior)
- Motor
- Speech/Language
- Other _____

IEP Team Recommendation for Service Delivery Model:

(*Consultation with SpEd Dept required if resources outside the school are recommended)

- | | |
|--|---|
| <input type="checkbox"/> Site-Based Summer Program | <input type="checkbox"/> Home Learning Packet w/ Teacher Monitoring |
| <input type="checkbox"/> School-Based Services | <input type="checkbox"/> Home Visits |
| <input type="checkbox"/> Home Learning Packet | <input type="checkbox"/> Parent Training |
| <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> Parent Consult |

Parent and Team Input:

- My Child WILL participate in the Extended School Year Program.
- My Child WILL NOT participate in the Extended School Year Program. I understand that services are available and have been offered. If my decision changes, I will notify the ESY Coordinator as soon as possible.

IEP Team Signatures (All Required Team Members Must Sign)

LEA _____	Date _____
Special Educator _____	Date _____
Parent _____	Date _____
General Educator _____	Date _____
Other _____	Date _____

Status:

- Approved (initial/ESY Coordinator) _____ Date _____
- Additional information required (please resubmit as soon as possible)
 _____ Date _____

ESY services are provided beyond the normal school year for students deemed eligible by the IEP Team. The IEP Team has determined that without ESY services, the educational program would be of little or no benefit to the child due to lack of services during the break between the normal school year and the next. The IEP Team determines eligibility for ESY services and the type of services needed by the student for the eligible goal(s). **The ESY Services Plan and the completed ESY packet should be placed in the student's Special Education file. Copies should be sent to the assigned ESY Coordinator by the specified due date.**

**JORDAN SCHOOL DISTRICT
DETERMINATION OF ELIGIBILITY FOR EXTENDED SCHOOL YEAR (ESY) SERVICES PLAN**

Student Name: _____ Classification: _____

- Extended school year services must be provided only if a student’s IEP team determines, on an individual basis, that the services are necessary for the provision of a FAPE to the student. **The annual IEP *MUST* reflect the IEP team’s decision regarding the need for ESY services.**
- ESY is considered for each individual student with a disability during an IEP, based on review of *multiple* data sources/factors.
- ESY student programs are provided in the least restrictive environment.

Eligibility:

Step 1 – Retrospective Analysis – Complete this data for all students who’s ESY eligibility is “does qualify” or “to be determined”

Eligibility criteria is based upon excessive time to recoup lost skills after a break. The reasonable recoupment time after a break in training is:

Duration of Break	Reasonable Recoupment Period
8-12 weeks	20 instructional days
3-4 weeks	5-7 instructional days
2 weeks	3 instructional days
1 week or less	2-3 instructional days

Goal: _____

Break #1
 Level of performance before the break _____ Date Measured: _____
 Level of performance after the break _____ Date Measured: _____

Summary (after break):
 Student made progress Student regressed and recoupment exceeded expected time frame
 Student maintained level of performance

Break #2
 Level of performance before the break _____ Date Measured: _____
 Level of performance after the break _____ Date Measured: _____

Summary (after break):
 Student made progress Student regressed and recoupment exceeded expected time frame
 Student maintained level of performance

Goal: _____

Break #1
 Level of performance before the break _____ Date Measured: _____
 Level of performance after the break _____ Date Measured: _____

Summary (after break):
 Student made progress Student regressed and recoupment exceeded expected time frame
 Student maintained level of performance

Break #2
 Level of performance before the break _____ Date Measured: _____
 Level of performance after the break _____ Date Measured: _____

Summary (after break):
 Student made progress Student regressed and recoupment exceeded expected time frame
 Student maintained level of performance

Summary of Step 1 – Retrospective Analysis

Student is eligible for ESY based on data for regression/recoupment: YES (select appropriate box on page one and continue to Goals pages)

No (continue to Step 2 – Predictive Analysis)

JORDAN SCHOOL DISTRICT
DETERMINATION OF ELIGIBILITY FOR EXTENDED SCHOOL YEAR (ESY) SERVICES PLAN

Student Name: _____ Classification: _____

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- ESY student programs are provided in the least restrictive environment.

Eligibility:

Step 2 – Predictive Analysis (**ONLY** Complete if data from step one **did not** support ESY services – Step 1, Retrospective Analysis must be completed for each student)

Indicate areas considered as a team in making a determination for the need for ESY Services

- The professional judgment of the IEP team on data, including those such as:
 - The degree and nature of the student’s disability
 - The student’s rate of progress on IEP goals
 - Any physical or behavioral concerns regarding the student
 - The areas of the student’s curriculum that need continuous attention
 - Emerging skills
 - The student’s vocational and transition needs

- Circumstantial considerations based on information about unique situations in the student’s home, neighborhood, or community, including those such as:
 - The availability of alternative resources
 - The ability of the student to interact with nondisabled students

- Anecdotal reports from teachers, parents, caregivers, and related service providers

- Data from measures of daily performance such as state-wide assessment data, norm-referenced test data, checklists, work samples, and others

Describe/Summarize the Data Used as the basis for the decision:

Summary of Step 2 – Predictive Analysis

Student is eligible for ESY based on data for predictive factors: YES (select appropriate box on page one and continue to Goals pages)
 No (complete page one and place pages 1-3 in file)

**JORDAN SCHOOL DISTRICT
GOALS FOR EXTENDED SCHOOL YEAR (ESY) SERVICES**

Student Name: _____ Classification: _____

Goal to be addressed during ESY services:

Current Functioning level for this goal. Include prompt level if applicable:

(**DATA** of how well they are currently performing this goal e.g, percent correct, number of behaviors observed during a set time period, current level achieved, etc)

Who has been implementing the identified goal:

What materials, tools, data sheets, methods are used to measure this goal? ***Please include:***

- Include a sample of one day or session of data to demonstrate what that data collection looks like
- Include a blank data sheet for data to be collected at ESY

To be completed following ESY services by ESY service providers:

Summarize the student's performance and current functioning level upon the completion of ESY service as compared to the data provided above (attach data sheets):

- Maintained
- Did Not Maintain (explain): _____

ESY Teacher's Signature _____ Date _____

ESY Supervisor's Signature _____ Date _____

**JORDAN SCHOOL DISTRICT
ESY STUDENT INFORMATION SHEET**

If additional space is needed in any area – please attach that information on a separate sheet of paper.

Student:	School:	Grade:
Classification:		SpEd Teacher:
Parent/Guardian Names		
1.		2.
Parent/Guardian Phone #		Emergency Contact and Number:
1.		Contact:
2.		Number:
COMMUNICATION		
Verbal: <input type="checkbox"/> Yes <input type="checkbox"/> No Gestures/Signs: <input type="checkbox"/> Yes <input type="checkbox"/> No AAC : <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes - Low Tech:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Device: <input type="checkbox"/> Yes <input type="checkbox"/> No System or Device: _____		
MEDICAL/HEALTH INFO		
Health Care Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, must be attached</i> Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No Other helpful information:		
Toileting Needs: <input type="checkbox"/> Diapers <input type="checkbox"/> Training Program <input type="checkbox"/> Adult Assist (<i>describe</i>) <input type="checkbox"/> Independent Other helpful information:		
Eating/Feeding: <input type="checkbox"/> Tube fed <input type="checkbox"/> Diet Restrictions (<i>describe</i>) <input type="checkbox"/> Teacher Assisted (<i>describe</i>) Other helpful information:		
Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Assistive Device (<i>describe</i>) <input type="checkbox"/> Restrictions (<i>describe</i>) Other helpful information:		
BEHAVIORAL CONCERNS		
Current Interventions: <i>please be specific</i>		
Triggers:		
Reinforcers:		
FUBA/BIP <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, must be attached</i>		
TRANSPORTATION		
<input type="checkbox"/> Safety Harness <input type="checkbox"/> Wheelchair <input type="checkbox"/> Behavior Plan (<i>describe</i>) Other helpful information:		
ACADEMIC LEVELS		
Reading:		
Math:		
Writing:		
OTHER COMMENTS		

JORDAN SCHOOL DISTRICT
Summer Contact Information

- ***Please have parent complete or complete with parent input:***
- Please make sure this information is accurate during the summer particularly if it is different than during the school year.
- Please have parent mark dates that student will attend on the attached calendar.

To Parents: You will be notified by letter that will be sent to your child's teacher to be sent home of the location and times of your child's ESY services.

Student Name: _____ Classification: _____

Date of Birth: _____ Grade _____ School: _____

Teacher: _____

Parent(s)/Guardian: _____

Home Address: _____

Home Phone #1 _____ Emergency Contact: _____

Home Phone: #2 _____ Emergency Contact Phone: _____

Additional Comments: _____

**PLEASE CIRCLE DATES ATTENDING
 AND INDICATE ANY DATES YOUR CHILD WILL NOT BE ATTENDING WITH AN X**

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

June 18-20

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

July 9-11, 16-18, 30-31

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Aug 1