

**EXTENDED SCHOOL YEAR SERVICES
SCREENING ELIGIBILITY - FORM A
DETERMINATION SUMMARY**

SCHOOL: _____ CURRENT DATE: _____

List each student on your class roster and indicate the final ESY eligibility decision and the date that decision was made. Return to the Special Education Central Office.

STUDENT NAME	DOB	√ IF INELIGIBLE	√ IF ELIGIBLE	√ IF ELIGIBLE, PARENT DECLINED	DATE OF DECISION

Signature verifies completion of ESY Eligibility Decisions.

Teacher Signature

Date Received by Special Education Central Office: _____