

REGRESSION-RECOUPMENT DOCUMENTATION FORM
Revised 2009

Student's Name _____

Teacher's Name _____

TARGETED CRITICAL GOALS/ BENCHMARKS/ OBJECTIVES OR SKILLS FOR ESY MONITORING	BREAK 1		BREAK 2	
	DATES: ___/___/___ TO ___/___/___		DATES: ___/___/___ TO ___/___/___	
		<u>REGRESSION-RECOUPMENT PROBLEM?</u> Was the highest post-break score lower than the highest pre-break score?		<u>REGRESSION-RECOUPMENT PROBLEM?</u> Was the highest post-break score lower than the highest pre-break score?
1.	Highest Pre-break score _____ Highest Post-break score _____	<input type="checkbox"/> yes <input type="checkbox"/> no	Highest Pre-break score _____ Highest Post-break score _____	<input type="checkbox"/> yes <input type="checkbox"/> no
2.	Highest Pre-break score _____ Highest Post-break score _____	<input type="checkbox"/> yes <input type="checkbox"/> no	Highest Pre-break score _____ Highest Post-break score _____	<input type="checkbox"/> yes <input type="checkbox"/> no
3.	Highest Pre-break score _____ Highest Post-break score _____	<input type="checkbox"/> yes <input type="checkbox"/> no	Highest Pre-break score _____ Highest Post-break score _____	<input type="checkbox"/> yes <input type="checkbox"/> no
4.	Highest Pre-break score _____ Highest Post-break score _____	<input type="checkbox"/> yes <input type="checkbox"/> no	Highest Pre-break score _____ Highest Post-break score _____	<input type="checkbox"/> yes <input type="checkbox"/> no

___YES ___NO Did the student have a Regression-Recoupment problem across both breaks for any goal/benchmark/objective or skill?

___YES ___NO Is the student eligible for the ESY services based on a pattern of Regression-Recoupment problems?

CRITICAL POINT OF INSTRUCTION DOCUMENTATION FORM
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Student Name _____

Teacher Name _____

For Critical Point of Instruction 1:

- Yes No The student receives some/any instruction in general education classes.
- Yes No Present conditions make it likely that the student will lose time in general education classes or that the student will need an increase in special education support/service time. If yes, describe: _____

- Yes No ESY services are likely to prevent the student from losing the general education class(es) time or increasing special education service time. Describe why or why not:

For Critical Point of Instruction 2:

- Yes No There is a list of skills/objectives considered to be critical or important for the student.
 Self-help, Social-behavioral, or Community access
- Yes No There is data regarding the student's current performance on these skills that indicate the student is at a critical stage of making significant progress toward the acquisition, fluency, maintenance and/or generalization (A,F,M,G) of these skills AND
- Yes No The data and information support the probability that the student could master/maintain the skill(s)/objective(s) if provided ESY instruction and would not master/maintain the skill if ESY services were withheld.

CRITICAL SKILL(S) FROM CURRENT IEP	CURRENT PERFORMANCE	PROGRESS: Circle A F M G	IMPACT OF PROVIDING ESY SERVICES

EMPLOYMENT DOCUMENTATION FORM
Revised 2009

Student Name _____

Teacher Name _____

- Yes No Does the student have IEP goals and action steps targeted for transition in the area of employment?
- Yes No Will the student be employed throughout the summer months?
(Attach the employer's written intention to continue employment during the summer months.)
- Yes No Is the student in need of services to maintain the paid employment? If yes, please describe the need for service during the summer:

Employment Related Goals or Action Steps	Current Job Performance	Describe Need For Support

Comments: _____

TRANSITION FROM EARLY STEPS TO PRESCHOOL DOCUMENTATION FORM
Revised 2009

Student Name _____

Teacher Name _____

Yes No The student's third birthday occurred in the spring or summer.

Yes No There are performance data from the student's IFSP indicating critical goals/benchmarks/objectives or skills on the current IEP may be lost or not maintained.

CRITICAL GOALS/ BENCHMARKS/ OBJECTIVES OR SKILLS ON THE IEP	PERFORMANCE DATA FROM THE IFSP

Comments: _____

TRANSITION TO POST-SCHOOL OUTCOMES DOCUMENTATION FORM
Revised 2009

Student Name _____

Teacher Name _____

- Yes No The student is expected to exit the LEA at the end of the school year.
- Yes No There is a list of incomplete action steps and corresponding goals that are the responsibility of the LEA.
- Yes No The student needs transition services during the summer months for these action steps to be completed.

Incomplete Action Steps	Corresponding Goals	Describe the Steps that Need to be Completed.

Comments: _____

EXCESSIVE ABSENCES DOCUMENTATION FORM
Revised 2009

Student Name _____

Teacher Name _____

Yes No There is verification of more than 25 days for health related absences (without hospital/homebound services).

Yes No There are performance data on the student's lack of progress on established goals and objectives as a result of the health-related absences.

Describe the lack of progress on high priority goals and objectives.	Describe significant impact of providing ESY services on the student's ability to master high priority goals and objectives.

Comments: _____

**LETTER OF EXTENDED SCHOOL YEAR SERVICES (ESYS)
INELIGIBILITY DETERMINATION (Revised 2009)**

Date

RE: Preliminary Determination of **INELIGIBILITY** for ESYS

Dear Parent[s]:

As a student receiving special education services, your child _____ is considered for needing extended school year services (ESYS) to ensure the provision of a free appropriate public education. During the current school year, data and information have been collected on your child to examine the need for extended school year services. An initial review of the data indicates that your child **does not meet the criteria for ESYS** and appears to be ineligible to receive extended school year services this year.

HOW WAS THIS DATA COLLECTION CONDUCTED?

To make this preliminary determination, your child's teacher and/or related service personnel (e.g. physical therapist, social worker, etc.) reviewed data from these sources:

- _____ your child's evaluation/re-evaluation
- _____ your child's current IEP
- _____ your child's current functional behavioral assessment
- _____ your child's behavior support plan and related data
- _____ your child's class work and test scores
- _____ your child's progress reports
- _____ your child's progress toward grade level expectations
- _____ your child's action steps on the transition plan
- _____ other [please describe]

The data collected was then applied to the ESYS Services eligibility criteria listed below in accordance with previous discussions during your child's annual IEP meeting, and based upon your child's current educational needs.

- _____ Regression-Recoupment
- _____ Critical Point of Instruction -1
- _____ Critical Point of Instruction -2
- _____ Employment
- _____ Transition from Early Steps to Part B Preschool
- _____ Transition to Post School Outcomes
- _____ Excessive Absences

Attached to this letter is a photocopy of the ESYS Criteria Documentation Form that was completed using the above collected data/information.

WHAT IF YOU DISAGREE WITH THE PRELIMINARY DETERMINATION?

Participation in ESYS is ultimately an IEP Team decision. Please be aware that you are entitled to an IEP meeting to discuss this data/information and review the preliminary ESYS eligibility determination. If you disagree with the preliminary determination that your child is ineligible, you can request a meeting to discuss the process used and/or the data collected. Please contact either your child's teacher or the _____ School System at _____ to request an IEP meeting. You are also free to call your child's teacher to simply discuss the process or the related data.

**LETTER OF EXTENDED SCHOOL YEAR SERVICES (ESYS)
ELIGIBILITY DETERMINATION
AND SCHEDULE OF IEP MEETING**

Date

RE: Preliminary Determination of **ELIGIBILITY** for ESYS

Dear Parent[s]:

As a student receiving special education services, your child _____ is considered for needing extended school year services (ESYS) to ensure the provision of a free appropriate public education. During the current school year, data and information have been collected on your child to examine the need for extended school year services. An initial review of the data indicates that your child **does meet the criteria for ESYS** and is eligible to receive ESY services this year.

HOW WAS THIS DATA COLLECTION CONDUCTED?

To make this preliminary determination, your child's teacher and/or related services personnel (e.g. physical therapist, social worker, etc.) reviewed data from these sources:

- _____ your child's evaluation/re-evaluation
- _____ your child's current IEP
- _____ your child's current functional behavioral assessment
- _____ your child's behavior support plan and related data
- _____ your child's class work and test scores
- _____ your child's progress reports
- _____ your child's progress toward grade level expectations
- _____ your child's action steps on the transition plan
- _____ other [please describe]

The data collected was then applied to the ESYS eligibility criteria listed below in accordance with previous discussions during your child's annual IEP meeting, and based upon your child's current educational needs.

- _____ Regression-Recoupment
- _____ Critical Point of Instruction -1
- _____ Critical Point of Instruction -2
- _____ Employment
- _____ Transition from Early Steps to Part B Preschool
- _____ Transition to Post School Outcomes
- _____ Excessive Absences

At the upcoming IEP meeting, the Team will review and discuss the data collected and the ESYS Criteria Documentation Form(s) that was/were completed.

WHAT HAPPENS NEXT?

Participation in ESY Services is always an IEP Team decision, and the Team must meet to determine the services your child will receive and which personnel will be needed during this extension of the school year. The IEP Team will also target the goals and objectives from the current IEP that have been identified as critical skills needing further instruction. Finally, the IEP Team will determine the amount, duration, and scope of ESY services which means the number of days per week the number of hours per day, and the total number of weeks of your child's ESY.

The persons attending and participating in your child's IEP meeting will include:

<u>Position/Title</u>	<u>Name</u>
Officially Designated Representative of LEA (School System)	_____
Your Child's Teacher	_____
Parent(s)	_____
Other(s)	_____

Your attendance and participation at the IEP Team meeting are important to the process of developing the extended school year instructional plan. We ask that your child attend the meeting, unless you choose not to have him/her present. You may also take other persons with you to assist in planning your child's ESY services.

Please meet as a member of the IEP Team on _____
(Date) (Time)
at _____. If this time is inconvenient or if you have further questions concerning
(Place)
the ESY Services please contact _____ at _____.

Please indicate below whether you plan to attend the IEP meeting as scheduled or/whether you need to reschedule.

Enclosed is a copy of procedural safeguards. Please review to protect the rights of you and your child.

Please return this form within three (3) days to your child's teacher.

___ I plan to attend the IEP Team meeting at the time and place indicated.

___ I am unable to attend the IEP Team meeting at the time and place indicated. The best day and time for me is

Date/Time

___ I am unable to attend the IEP Team meeting scheduled, in person, but I would still like to participate by telephone conference. Please call me at (___) _____-_____at the date and time specified.

___ I have received a copy of *Louisiana's Educational Rights of Children with Disabilities*.
Note: Parent(s)/guardian(s) of a child with a disability should receive a copy annually, as well as (1) the first time the child is referred for evaluation; (2) the first time a complaint is filed; (3) whenever a parent asks for a copy

___ I **decline** the offer for Extended School Year Services for this coming summer.

Signature of Parent

Date

EXTENDED SCHOOL YEAR PROGRAM FACT SHEET

(Revised 2018)

WHAT IS THE EXTENDED SCHOOL YEAR PROGRAM (ESYP)?

The ESYP is a program designed to provide educational and related services in excess of the normal school year to students with disabilities based upon the student's needs and on the individually designed program (IEP) to meet those needs.

WHO MAY BE CONSIDERED FOR THE ESYP?

All students with disabilities enrolled in special education programs must be considered for the ESYP. The criteria by which students may qualify for ESYP are 1) Regression-Recoupment, the loss of skills due to breaks in instruction; 2) Critical Point of Instruction; 3) Self-injurious Behavior; 4) Employment, the need for continued support to maintain paid employment (specific to students ages 16-21); 5) Transition, a need for support at the transition from school to adult living (specific to students exiting the local education agency this school year; 6) Excessive Absences caused by health conditions; and 7) Late Entry, for students who enter the local education agency after January 1. There are also Extenuating Circumstances the IEP team may consider.

HOW IS ELIGIBILITY DETERMINED?

The special education teacher(s), general education teacher(s), and related service(s) personnel conduct a preliminary screening of the student's eligibility using student performance information/data, that may include grades, documentation of skill loss, reduction of behavior problems, etc. The data/information collected throughout the school year must be used to determine whether there is a need for the ESYP. Parents may be asked to assist in the data collection process, when appropriate. Parents are to be informed that this screening is only a preliminary determination of eligibility.

HOW AND WHEN ARE PARENTS NOTIFIED OF SCREENING RESULTS?

Parents are to be notified in writing of preliminary screening results by the school the child currently attends or by the local school board. Notification is to be made not later than five (5) business days after the preliminary screening date. If the screening indicates the data does not meet criteria for ESYP and the student appears to be ineligible to receive ESYP services and the parents disagree, they have the right to ask that the IEP team meet to discuss the data and review the decision. The final determination of eligibility is an IEP team decision. If after the IEP team meet, there is not agreement as to the student's eligibility, the parents have the right to request an expedited Due Process Hearing.

WHAT WILL BE COVERED IN THE ESYP?

Once the student is determined to be eligible, the ESYP IEP team including the parent(s), teacher(s), an officially designated representative, student and others, if applicable will determine the ESYP program. The team will identify the goal(s) and objectives to be used for instruction during the ESYP. The goal(s) and objectives will be based on the student's needs as determined during the ESYP screening process. The program will be an extension of the regular school year program, not a remediation or acceleration program.

HOW IS THE LENGTH OF ESYP DETERMINED?

The number of days and hours per day each student will need to spend in the ESYP is determined by the ESYP IEP team and is based upon the actual time needed for the student to progress toward acquisition or maintenance of the goal(s) and objectives selected for ESYP.

WHERE WILL ESYP BE OFFERED?

The ESYP IEP team will determine the setting for the ESYP based on the goal(s) and objectives identified for instruction. The ESYP site where services are delivered will be determined by the LEA administration and may be offered in the school the child regularly attends, in a centrally located school, at home, or in the community.

WILL TRANSPORTATION BE AVAILABLE FOR ESYP?

In circumstances where transportation is necessary, the local education agency must offer transportation for all students eligible for ESYP. The offer must be reasonable. Types of transportation may include school bus, contracted carrier, or parental reimbursement.