

**INDIVIDUALIZED EDUCATION PROGRAM**

\_\_\_\_\_ County Schools

Student's Full Name \_\_\_\_\_

Date \_\_\_\_\_

**PART III A: EXTENDED SCHOOL YEAR (ESY) DETERMINATION**

Will ESY be considered while developing this IEP?

\_\_\_ Yes \_\_\_ No (for gifted only)

The IEP Team in making its determination of a student's need for ESY shall review documentation that the student exhibits, or may exhibit:

- Significant regression during an interruption in educational programming;
- A limited ability to recoup, or relearn skills once programming has resumed;
- Regression/recoupment problem(s) that interfere with the maintenance of identified critical skills as described in the current IEP; and
- Other factors that interfere with the maintenance of identified critical skills as described in the current IEP, such as predictive data; degree of progress; emerging skills and breakthrough opportunities; interfering behaviors; nature and/or severity of the disability; and special circumstances.

*(The lack of clear evidence of such factors may not be used to deny a student ESY services, if the IEP Team determines the need for such services and includes ESY in the IEP.)*

Does the student need extended school year services?

\_\_\_ Yes \_\_\_ No \_\_\_ Defer until: \_\_\_\_\_

**PART III B: EXTENDED SCHOOL YEAR SERVICES**

ESY Services	Location of Services	Extent/Frequency ___ per ___	Initiation Date m/d/y	Duration m/y

After review of the proposed extended school year services, the parent(s)/guardian(s)/adult student:

\_\_\_ accepts extended school services. \_\_\_ rejects extended school services.