

**ESY ELIGIBILITY WORKSHEET**Student Name \_\_\_\_\_  
Age \_\_\_\_\_Date of Birth \_\_\_\_\_  
Grade \_\_\_\_\_IEP Date \_\_\_\_\_  
Gender \_\_\_\_\_

1. The student demonstrates a pattern of past regression in skills as evidenced by breaks of more than four weeks:

 Yes  No  Unknown

Comments (describe the degree (minimal or serious) of actual or likely regression following a school break

2. What is the estimated amount of time it takes or it may take the student to regain the prior level of knowledge skills, benefits or functioning following a school break

 One Month or Less  Up to 3 months  4 to 6 Months  Other

Comments

3. Describe the student's rate of learning (as compared with the student's ability to recoup after a break)

4. Does the IEP team feel the student's disability will continue indefinitely or for a prolonged period of time?

 Yes  No  Unknown

Comments (describe the degree (minimal or serious) of actual or likely regression following a school break

Describe the degree, nature and severity of the student's disability

5. Does the IEP team feel it will be impossible or unlikely the student will attain self-sufficiency and independence expected in view of the student's disability following a break?

 Yes  No  Unsure

Comments (describe the degree (minimal or serious) of actual or likely regression following a school break

6. Is the student at a critical point of skill acquisition or readiness where their ability to acquire the skills will be lost or greatly reduced as a result of an interruption of services?

 Yes  No  Unsure

If yes, describe

7. Are there any other issues concerning the student's physical, medical condition, emotional, social, behavioral, mental health, academic and/or vocational issues, and his/her ability to be with typically developing peers that may be adversely impacted if the student does not receive ESY services?

 Yes  No  Unsure

If yes, describe