**EXTENDED SCHOOL YEAR SERVICES**

**SCREENING ELIGIBILITY- FORM A & B (Combined)**

**DETERMINATION SUMMARY**

TEACHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.

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| --- | --- | --- | --- | --- | --- | --- |
| **STUDENT NAME** | **GRADE** | **DOB** | **√ IF INELIGIBLE** | **√ IF ELIGIBILE**  **(Indicate the area/s by which the student qualified. Attach the form(s) that support your decision)** | **√ IF ELIGIBILE**  **PARENT DECLINED** | **DATE OF DECISION** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
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| 14. |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |

* Transition from Early Steps to Preschool
* Transition to Post School Outcomes
* Excessive Absences
* Extenuation Circumstances
* Regression-Recoupment
* Critical Point of Instruction 1
* Critical Point of Instruction 2
* Employment

Criteria:

Signature verifies completion of ESYS Eligibility Decision. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature

Date Received by Special Education Central Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **STUDENT NAME** | **GRADE** | **DOB** | **√ IF INELIGIBLE** | **√ IF ELIGIBILE**  **(Indicate the area/s by which the student qualified. Attach the form(s) that support your decision)** | **√ IF ELIGIBILE**  **PARENT DECLINED** | **DATE OF DECISION** |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
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| 30. |  |  |  |  |  |  |
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