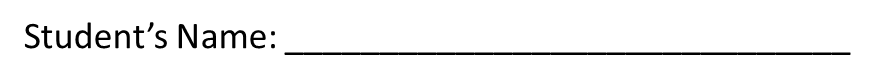
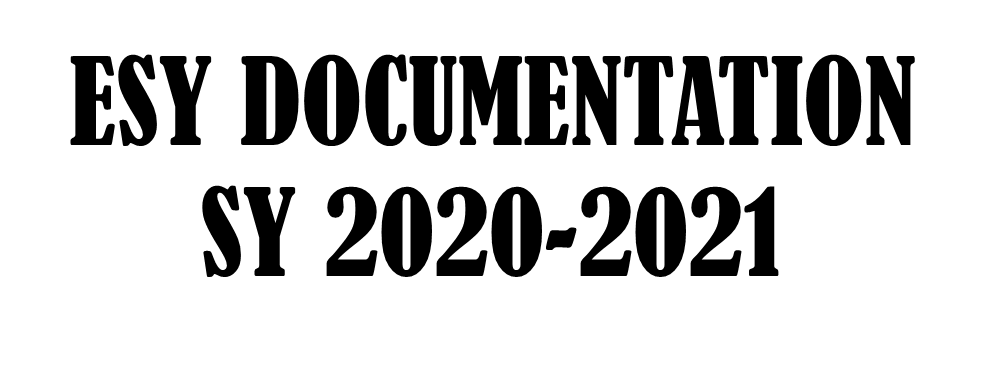
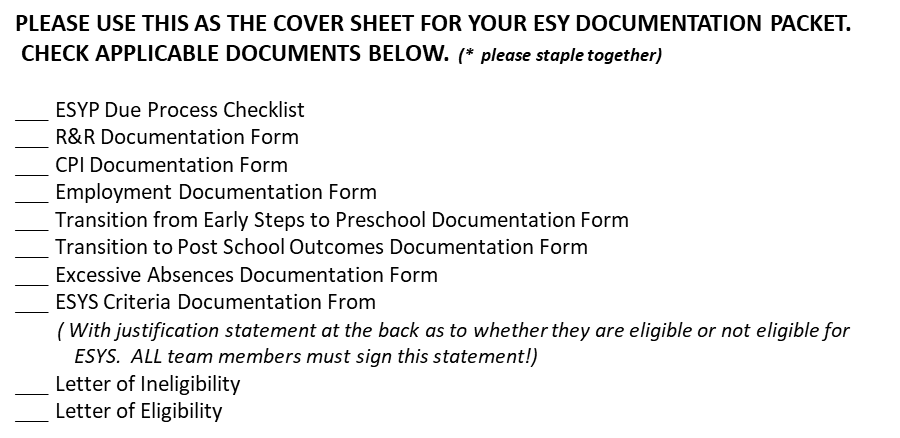
****

2021-2022 SY



**MOREHOUSE PARISH SCHOOL BOARD**

**Special Educational Services**

**ESYP Due Process Checklist: 2021-2022 School Year**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **ACTION REQUIRED** | **DATE COMPLETED** | **COMMENTS** |
| 1. Screening Activities (between March 15, 2022 – April 13, 2022) |  |  |
| 2. Instructional team meets to determine eligibility.\* (Last day – April 13, 2021) |  |  |
| 3. If **NOT** eligible, date parent notified by non – eligible letter. Photocopies of the   department mandated forms related to the eligibility criterion used for   screening MUST be enclosed in the notification. (Must be sent between April 19 –   29, 2022) |  |  |
| 4. If eligible, date parent notified of eligibility decision.  (Letter of eligibility mailed to parent between April 19 – April 29, 2022) | 1st Notice |  |
| 5. If eligible, date parent notified of ESY IEP committee meeting. If no response  from parents, indicate two other methods contacted and give dates.  (Between April 25, 2022 – April 29, 2022) | 2nd Notice |  |
| 3rd Notice |
| 6. Date of ESY IEP committee meeting.  (Must be conducted between May 2, 2022 – May 6, 2022) |  |  |
| 7. Date parent approved of ESY Plan. \*\*If parents refuse ESY services, indicate  “Refused Services" in the comments section and date. |  |  |

**\* Data submitted by the instructional team members for the determination of eligibility must be retained   
 by the teacher with IEP authority and the data maintained in the IEP Folder.**

**\*\* When parents refuse ESY services indicate on this form why they refused and send a copy of this form to   
 the Supervisor of Special Education immediately.**

**How and when were parents given a copy of the procedural safeguards**? *During the IEP meeting*

**How and when were parents given the ESYP Fact Sheet**? *During the IEP meeting*

**Comments**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAINTAIN ORIGINAL COPY OF THIS DOCUMENT WITH ESYP DATA IN THE STUDENTS' IEP FOLDER.**

***SEND A COPY TO THE SUPERVISOR ONLY IF ESY SERVICES REFUSED*.**

**REGRESSION‑RECOUPMENT DOCUMENTATION FORM**

***Revised 2009***

Student’s Name Teacher’s Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TARGETED CRITICAL GOALS/ BENCHMARKS/ OBJECTIVES OR SKILLS FOR ESY MONITORING** | **BREAK 1**  DATES: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ | | **BREAK 2**  DATES: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ | |
|  |  | **REGRESSION-RECOUPMENT PROBLEM?**  Was the highest post-break score lower than the highest pre-break score? |  | **REGRESSION-RECOUPMENT PROBLEM?**  Was the highest post-break score lower than the highest pre-break score? |
| 1. | Highest Pre-break score \_\_\_\_\_  Highest Post-break score \_\_\_\_\_ | 🞏 yes 🞏 no | Highest Pre-break score \_\_\_\_\_  Highest Post-break score \_\_\_\_\_ | 🞏 yes 🞏 no |
| 2. | Highest Pre-break score \_\_\_\_\_  Highest Post-break score \_\_\_\_\_ | 🞏 yes 🞏 no | Highest Pre-break score \_\_\_\_\_  Highest Post-break score \_\_\_\_\_ | 🞏 yes 🞏 no |
| 3. | Highest Pre-break score \_\_\_\_\_  Highest Post-break score \_\_\_\_\_ | 🞏 yes 🞏 no | Highest Pre-break score \_\_\_\_\_  Highest Post-break score \_\_\_\_\_ | 🞏 yes 🞏 no |
| 4. | Highest Pre-break score \_\_\_\_\_  Highest Post-break score \_\_\_\_\_ | 🞏 yes 🞏 no | Highest Pre-break score \_\_\_\_\_  Highest Post-break score \_\_\_\_\_ | 🞏 yes 🞏 no |

**YES NO** Did the student have a Regression-Recoupment problem across both breaks for any goal/benchmark/objective or skill?

**YES NO I**s the student eligible for the ESY services based on a pattern of Regression‑Recoupment problems?

**CRITICAL POINT OF INSTRUCTION DOCUMENTATION FORM**

***Revised 2009***

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 are 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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:

**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:

**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 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:

**LATE ENTRY DOCUMENATATION FORM**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the applicable statement. The student is failing to make projected progress because of

**Late Entry**

Yes No The student entered (was identified / Initial IEP / etc.) after January 1st (but before   
 screening date; i.e., the first Friday after Easter).

Yes No There is insufficient documentation to determine eligibility

|  |  |
| --- | --- |
| Describe the lack of progress on high priority goal(s) and objective(s) | Describe impact of providing and withholding ESY service(s) on the student’s ability to master high priority goal(s) and objective(s). |
|  |  |
|  |  |
|  |  |
|  |  |

For student meeting the above criteria for either/or Excessive Absences and/or Late Entry, complete the information below:

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Extended School Year Services (ESYS) Criteria Documentation Form (Revised 2009)**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current IEP Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/LEA:\_\_\_\_\_\_\_\_\_\_\_\_\_Gr.\_\_\_\_\_\_\_\_

Instructions: Check the box in front of each criterion considered for ESYS. For each of the considered criterion, check

those boxes to reflect evidence in the student’s file considered to support eligibility or ineligibility. If all ‘yes’ boxes in

bold under a criterion are checked, the student is eligible.

□ **Regression-Recoupment** □ **Eligible** □ **Not eligible**

□Yes □No There are essential objectives or skills targeted.

|  |  |  |
| --- | --- | --- |
| **Break 1**  **□ Yes □ No**  **□ Yes □ No**  **□ Yes □ No** | **Break 2**  **□ Yes □ No**  **□ Yes □ No**  **□ Yes □ No** | The break is a minimum of 5 consecutive instructional days.  There are at least 2 pre-break data scores for each targeted goal/ benchmark/ objective or skill.  There are at least 2 post-break data scores for each targeted goal/benchmark/ objective or skill. |

**□ Yes □ No** There is a pattern of regression-recoupment problems for the targeted goal/benchmark/objective or skill such that the highest post-break score is lower than the highest pre-break score for both breaks for at least one targeted goal/benchmark/objective or skill.

□ **Critical Point of Instruction-1** □ **Eligible** □ **Not eligible**

**□ Yes □ No** The student receives some/any instruction in general education classes.

**□ Yes □ No** Current performance data indicate that the student will lose time in general education classes or that the student will need an increase in special education service time.

**□ Yes □ No** ESY services would allow the student to maintain and/or achieve grade-level expectations or maintain the level of services indicated on the current IEP.

□ **Critical Point of Instruction-2** □ **Eligible** □ **Not eligible**

**□ Yes □ No** There are goals/benchmarks/objectives in the critical life areas for the student.

□ Self-help, □ Social-behavioral, or □ Community access

**□ Yes □ No** There are 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 of skills.

**□ Yes □ No** The data and information support the probability that ESY services could reduce the loss of skill acquisition, fluency and /or maintenance and cause the student to achieve meaningful benefit in the goal area.

□ **Employment** □ **Eligible** □ **Not eligible**

**□ Yes □ No** The student is between 16 and 22 years and current IEP goals and action steps are targeted for transition in the area of employment.

**□ Yes □ No** Performance data indicate that the student will need support to maintain the *paid employment* throughout the summer.

**□ Yes □ No** The employer provided a written statement indicating the intention to employ the student throughout the summer.

□ **Transition from Early Steps to Part B Preschool** □ **Eligible** □ **Not eligible**

**□ Yes □ No** The student’s third birthday occurred in spring or summer.

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

**□ Yes □ No** ESYS could have a significant impact on the student’s ability to maintain skills deemed critical on the IEP.

□ **Transition to Post School Outcomes** □ **Eligible** □ **Not eligible**

**□ 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 objectives 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.

□ **Special Circumstances / Excessive Absences** □ **Eligible** □ **Not eligible**

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

**□ Yes □ No** There are data of the student’s lack of progress on essential skills as a result of the health-related absences.

**□ Yes □ No** ESYS could have a significant impact on the student’s ability to make continued progress toward the acquisition of high priority goals/benchmarks/objectives.  
Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Teacher of Record Signature Date (Attach to Parent Notification Ineligibility Letter)

**EXTENDED SCHOOL YEAR SERVICES  
2021-2022**

**INSTRUCTIONAL TEAM MEETING**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It has been determined by the IEP team that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Student’s name)

\_\_\_\_\_\_\_\_\_ is making adequate progress, and Extended School Year Services will not be beneficial   
 at this time.

\_\_\_\_\_\_\_\_\_ is eligible for/ is recommended to attend the Extended School Year Program to maintain   
 progress made

\_\_\_\_\_\_\_\_\_ is not making adequate progress, but the IEP team feels that Extended School Year Services   
 would not be beneficial at this time.

Teacher recommendations/ comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Special Ed. Teacher Regular Ed. / Homeroom Principal  
 Teacher**

**Service Providers** *(Speech Therapist, Occupational Therapist, Adapted PE, Teacher for HI/VI, AT Coordinator, Etc.)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

LETTER OF EXTENDED SCHOOL YEAR SERVICES (ESYS)

INELIGIBILITY DETERMINIATION (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 ESY 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 MPSB School System at 283-1674 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:

Position/Title Name

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