

Office of Special Education  
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### Extended School Year (ESY) Student Eligibility Review Form

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
School: \_\_\_\_\_ Classification: \_\_\_\_\_  
Current Program: \_\_\_\_\_

#### 1. **PAST HISTORY**

Has the student received ESY programming at the school's recommendation in the past two years?

☐ Yes

☐ No

☐ N/A

Supporting data: \_\_\_\_\_  
\_\_\_\_\_

#### 2. **REGRESSION/RECOUPMENT**

Is the student determined eligible for ESY services because of substantial regression (loss of skills) and an inability to recoup the skills previously mastered with the time ordinarily reserved for that purpose at the beginning of the school year? As a guideline for determining eligibility for ESY, a review period of **eight weeks or more** would indicate that a substantial regression has occurred. (VESID ESY Policy Q&A 2006)

☐ Yes

☐ No

☐ N/A

Supporting data: \_\_\_\_\_  
\_\_\_\_\_

#### 3. **CRITICAL POINT IN INSTRUCTION/EMERGING SKILLS**

Is the student at a critical point in instruction or in emerging academic, self-help, community access, or social/behavior skills, such that an interruption in instruction at this time would mean that the student might not be able to quickly resume development of those skills and is, therefore, determined eligible for ESY services?

☐ Yes

☐ No

☐ N/A

Supporting data: \_\_\_\_\_  
\_\_\_\_\_

**4. INTENSIVE MANAGEMENT NEEDS**

Does the student have intensive management needs that require highly individualized and intensive intervention? Is this student exhibiting interfering behavior (e.g., ritualistic, aggressive, self-injurious) that resulted in minimal educational progress and is, therefore, determined eligible for ESY services?

☐ Yes

☐ No

☐ N/A

Supporting data: \_\_\_\_\_

\_\_\_\_\_

**5. RESIDENTIAL/HOME/HOSPITAL PLACEMENT/SEVERE MULTIPLE DISABILITIES**

Is the student placed in a residential program? Is the student placed in a home or hospital program and is exhibiting needs determined to be highly intensive, or do they have severe multiple disabilities and require primarily habilitation and treatment, thus making them eligible for ESY services?

☐ Yes

☐ No

☐ N/A

Supporting data: \_\_\_\_\_

\_\_\_\_\_

**6. OTHER FACTORS**

Are there other factors that should be considered in determining ESY eligibility?

☐ Yes

☐ No

☐ N/A

Supporting data: \_\_\_\_\_

\_\_\_\_\_

## **CSE RECOMMENDATIONS**

Based on consideration of the above documentation, the team recommends this student receive ESY services.

☐ **Yes**

☐ **No**

If you answered “**Yes**” to this question, complete this section.

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**Recommended Program:** \_\_\_\_\_

**Recommended Related Services:**

_____ <b>Assistive Technology</b>	_____ <b>Occupational Therapy</b>	_____ <b>TVI</b>
_____ <b>Counseling</b>	_____ <b>Orientation and Mobility</b>	_____ <b>Other</b>
_____ <b>Hearing Services</b>	_____ <b>Physical Therapy</b>	
_____ <b>Nursing Services</b>	_____ <b>Speech/Language Therapy</b>	
_____ <b>1:1 or Shared Adult Support (Ratio of _____)</b>		

Specific current IEP goals to be maintained: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special considerations/additional information (e.g.: equipment, materials, transportation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you answered “**No**” to this question, place this form in the student’s special education file, and describe your justification for not recommending ESY services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Case Manager**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Special Education Supervisor**