

Extended School Year (ESY) Checklist

See the Memo *Extended School Year (ESY) Qualification Procedures and Timelines* (January 2023) for additional information



You must complete the following steps for all students and submit the following information for all students who are eligible for ESY Services by the **due date of March 22, 2024**. *This date is crucial in order to provide sufficient time for parents to be afforded their rights and for ESY programs to be implemented.*

Student Name: _____ IEP Date when data was considered: _____

Teacher: _____ Student Grade _____

STEP ONE:

- COMPLETE ELIGIBILITY DATA STEP 1 - pg. 2 of the *JSD ESY Student Data Packet* – SpEd Forms > Extended School Year (ESY)
- If needed, COMPLETE ELIGIBILITY DATA STEP 2 - pg. 3 of the *JSD ESY Student Data Packet* – SpEd Forms > ESY

STEP TWO:

- COMPLETE IEP or IEP AMENDMENT and Indicate if ESY services are needed on that IEP
- Complete the **Prior Written Notice of ESY Services - IEP Attachment** (EMBRACE > Add document to IEP or IEP Amendment)
 - **“This action is proposed because”** - Indicate the reason this decision was made (examples below)
 - The student showed significant regression following breaks
 - The student has just begun mastering a skill and needs support to main progress
 - The student is making progress on goals and does not show significant regression over breaks.
 - **“Describe information used to determine the services offered”**
 - Brief Summary of Data from *ESY Student Data Forms*
 - **“Describe other options considered and the reasons why those options were rejected:”**
 - Describe other options considered (including other methods of delivering ESY - e.g., home packets, teacher check-ins/school-based sessions, online instruction sessions, in person district-based sessions)
 - Include why that was not selected (e.g. “Home based packets not sufficient for student needs” or “in person half day sessions not needed for specific goals identified” or “student making progress on goals”)
 - **“Other factors relevant to the ESY proposal:”**
 - Include other factors if any
 - **“Describe the ESY program to provide a free appropriate public education based on individual student needs:”**
 - What does the student need to receive FAPE? (e.g., home packets, teacher check-ins/school-based sessions, online instruction sessions, in person district-based sessions)
- Finalize the *Prior Written Notice of ESY Services – IEP Attachment (Embrace)*
 - Attach it to the IEP along with the *JSD ESY Student Data Forms (Eligibility and Goals Pages)*

STEP THREE:

- COMPLETE Information on Goals (page 4 of *JSD ESY Student Data Packet*)
 - Include a completed data sheet demonstrating how data is completed
 - Include a blank data sheet for ESY data collection
 - Include materials, methods, tips, strategies, reinforcements for working on this goal
- COMPLETE Student Information sheet (page 5 of *JSD ESY Student Data Packet*)
- COMPLETE Student contact Information and ESY attendance page with parents (page 6 of *JSD ESY Student Data Packet*)
 - **If parents decline ESY services, include that in the Services Page of the IEP under services offered and declined**

STEP FOUR:

- Send the following information to the appropriate ESY Coordinator by the due date listed on *JSD ESY Student Data Packet*
 - ☐ A copy of the IEP with the Prior Written Notice of ESY Services - IEP Attachment
 - ☐ The entire *JSD ESY Student Data Packet* and the items listed in STEP THREE
 - ☐ A copy of the student’s current *Health Care Plan* (if applicable)
 - ☐ A copy of the student’s current *Behavior Intervention Plan – BIP* (if applicable)
 - ☐ **Any materials or tools needed to implement the ESY goal(s)**

ESY teachers have very limited access to materials that look like what your student needs

All ESY packet information should be submitted to the following ESY coordinators:

Support Classes/Boundary School Students (all classifications): **Kristin Norris @** District Office (801) 567-8372
Kauri Sue Hamilton Students: **Teri Griffiths @** Kauri Sue Hamilton School (801) 567-8511
River’s Edge School Students: **Katie Jarvis @** River’s Edge School (801) 565-7584
Preschool Students: **Jessica Hayes @** Kauri Sue Hamilton School CDC (801) 567-8510

If you have questions, please contact the Teacher Specialist assigned to your school.

JORDAN SCHOOL DISTRICT
DETERMINATION OF ELIGIBILITY FOR EXTENDED SCHOOL YEAR (ESY) SERVICES
Use multiple pages if looking at more than two goals. Complete this data for each goal considered.

Student Name: _____ IEP Date when data was considered: _____

- Extended school year services are an entitlement only if a student's IEP team determines, on an individual basis, that the services are necessary for the provision of a FAPE to the student (reasonable progress towards goals).
- The annual IEP *MUST* reflect the IEP team's decision regarding the need for ESY services**
- The Extended School Year Services IEP attachment (pg 4) must be completed for each student for whom "Yes, the student is eligible for services" is selected.**
- ESY is considered for each individual student with a disability during an IEP, based on review of **multiple** data sources/factors.
- ESY student programs are provided in the **least restrictive environment**.

Eligibility:

Step 1 – Retrospective Analysis – Complete this data for ALL students who's ESY eligibility is "does qualify" or "to be determined"

Eligibility criteria is based upon excessive time to recoup lost skills after a break. The reasonable recoupment time after a break in training is:

Duration of Break	Reasonable Recoupment Period
8-12 weeks	20 instructional days
3-4 weeks	5-7 instructional days
2 weeks	3 instructional days
1 week or less	2-3 instructional days

Goal:	
Break #1 (FROM THE 22-23 School Year – e.g. Fall break)	
Level of performance before the break _____	Date Measured: _____
Level of performance after the break _____	Date Measured: _____
Summary (after break):	
<input type="checkbox"/> Student made progress	<input type="checkbox"/> Student regressed and recoupment exceeded expected time frame
<input type="checkbox"/> Student maintained level of performance	
Break #2 (FROM THE 22-23 School Year – e.g. Winter Break)	
Level of performance before the break _____	Date Measured: _____
Level of performance after the break _____	Date Measured: _____
Summary (after break):	
<input type="checkbox"/> Student made progress	<input type="checkbox"/> Student regressed and recoupment exceeded expected time frame
<input type="checkbox"/> Student maintained level of performance	

Goal:	
Break #1 (FROM THE 22-23 School Year – e.g. Fall break)	
Level of performance before the break _____	Date Measured: _____
Level of performance after the break _____	Date Measured: _____
Summary (after break):	
<input type="checkbox"/> Student made progress	<input type="checkbox"/> Student regressed and recoupment exceeded expected time frame
<input type="checkbox"/> Student maintained level of performance	
Break #2 (FROM THE 22-23 School Year – e.g. Winter break)	
Level of performance before the break _____	Date Measured: _____
Level of performance after the break _____	Date Measured: _____
Summary (after break):	
<input type="checkbox"/> Student made progress	<input type="checkbox"/> Student regressed and recoupment exceeded expected time frame
<input type="checkbox"/> Student maintained level of performance	
Summary of Step 1 – Retrospective Analysis	
Student is eligible for ESY based on data for regression/recoupment:	<input type="checkbox"/> YES - Use this data to complete the data section on the <i>Prior Written Notice of ESY Services – IEP Attachment (Embrace)</i>
	<input type="checkbox"/> NO - continue to Step 2 – Predictive Analysis

JORDAN SCHOOL DISTRICT DETERMINATION OF ELIGIBILITY FOR EXTENDED SCHOOL YEAR (ESY) SERVICES

Student Name: _____ IEP Date when data was considered: _____

- Extended school year services are an entitlement only if a student's IEP team determines, on an individual basis, that the services are necessary for the provision of a FAPE to the student (reasonable progress towards goals).
- **The annual IEP *MUST* reflect the IEP team's decision regarding the need for ESY services**
- **The Extended School Year Services IEP attachment (pg. 4) must be completed for each student for whom "Yes, the student is eligible for services" is selected.**
- ESY is considered for each individual student with a disability during an IEP, based on review of **multiple** data sources/factors.
- ESY student programs are provided in the **least restrictive environment**.

Eligibility:

- Step 2 – Predictive Analysis** - **Only needed** if data from step one **did not** support ESY services
- Step 1, Retrospective Analysis must be completed for each student

Indicate areas considered as a team in making a determination for the need for ESY Services

**ONLY COMPLETE THIS SECTION AFTER YOU COMPLETED STEP 1 AND ONLY IF
DATA FROM STEP 1 IS NOT ENOUGH TO DETERMINE ESY ELIGIBILITY**

- ☐ The professional judgment of the IEP team on data, including those such as:
 - ☐ The degree and nature of the student's disability
 - ☐ The student's rate of progress on IEP goals
 - ☐ Any physical or behavioral concerns regarding the student
 - ☐ The areas of the student's curriculum that need continuous attention
 - ☐ Emerging skills
 - ☐ The student's vocational and transition needs
- ☐ Circumstantial considerations based on information about unique situations in the student's home, neighborhood, or community, including those such as:
 - ☐ The availability of alternative resources
 - ☐ The ability of the student to interact with nondisabled students
- ☐ Anecdotal reports from teachers, parents, caregivers, and related service providers
- ☐ Data from measures of daily performance such as state-wide assessment data, norm-referenced test data, checklists, work samples, and others

Describe/Summarize the **data** used as the basis for the decision. ***These concerns should be based on ongoing needs for the student and should specific rationale for this decision.***
Summarize need for each goal this is identified as needing ESY services.

Summary of Step 2 – Predictive Analysis

Student is eligible for ESY based on data for predictive factors:

- ☐ YES – Use this data to complete the data section on the
Prior Written Notice of ESY Services – IEP Attachment (Embrace)
- ☐ NO – Mark ESY services not needed on IEP and complete the
Prior Written Notice of ESY Services – IEP Attachment (Embrace)

JORDAN SCHOOL DISTRICT - GOALS FOR EXTENDED SCHOOL YEAR (ESY) SERVICES

Student Name: _____ IEP Date when data was considered: _____

Goals to be addressed during ESY services:

These are the skills the students need to maintain during ESY. This will be attached to the IEP and a copy submitted with the ESY Materials

	Goal	Current Functioning for this goal: *Percentage or number achieved *Include prompt level if applicable *Ex. 60% correct with one verbal prompt	Who has been implementing this goal: (teacher, para, SLP, etc.)	What materials, tools, methods, reinforcements are used to measure this goal?
1				
2				
3				

If you will not be providing ESY services, when you submit this you will also be asked to:

- Include a sample of one day or session of data to demonstrate what that data collection looks like
- Include a blank data sheet for data to be collected at ESY
- Include any specific materials, tools, strategies, reinforcements used to achieve this goal.

To be completed following ESY services by ESY service providers:

Summarize the student's performance and current functioning level upon the completion of ESY service. Compare to the data provided above (attach data sheets):

Goal #	Functioning at the completion of ESY services	Maintained? (Explain if no)
#1		<input type="checkbox"/> YES <input type="checkbox"/> NO
#2		<input type="checkbox"/> YES <input type="checkbox"/> NO
#3		<input type="checkbox"/> YES <input type="checkbox"/> NO

ESY Teacher's Signature _____ Date _____

**JORDAN SCHOOL DISTRICT
ESY STUDENT INFORMATION SHEET**

If additional space is needed in any area – please attach that information on a separate sheet of paper.

Student:	School:	Grade:
Classification:		SpEd Teacher:
Parent/Guardian Names		
1.	2.	
Parent/Guardian Phone #		Emergency Contact and Number:
1.		Contact:
2.		Number:
COMMUNICATION		
Verbal: <input type="checkbox"/> Yes <input type="checkbox"/> No Gestures/Signs: <input type="checkbox"/> Yes <input type="checkbox"/> No AAC: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes - Low Tech:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Device: <input type="checkbox"/> Yes <input type="checkbox"/> No System or Device: _____		
MEDICAL/HEALTH INFO		
Health Care Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, must be attached</i> Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No Other helpful information:		
Toileting Needs: <input type="checkbox"/> Diapers <input type="checkbox"/> Training Program <input type="checkbox"/> Adult Assist (<i>describe</i>) <input type="checkbox"/> Independent Other helpful information:		
Eating/Feeding: <input type="checkbox"/> Tube fed <input type="checkbox"/> Diet Restrictions (<i>describe</i>) <input type="checkbox"/> Teacher Assisted (<i>describe</i>) Other helpful information:		
Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Assistive Device (<i>describe</i>) <input type="checkbox"/> Restrictions (<i>describe</i>) Other helpful information:		
BEHAVIORAL CONCERNS		
Current Interventions: <i>please be specific</i>		
Triggers:		
Reinforcers:		
FUBA/BIP <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, must be attached</i>		
TRANSPORTATION		
<input type="checkbox"/> Safety Harness <input type="checkbox"/> Wheelchair <input type="checkbox"/> Behavior Plan (<i>describe</i>) Other helpful information:		
CHECK HERE IF PARENTS WILL PROVIDE TRANSPORTATION <input type="checkbox"/>		
ACADEMIC LEVELS		
Reading:		
Math:		
Writing:		
OTHER COMMENTS		

JORDAN SCHOOL DISTRICT

Summer Contact and ESY Attendance Information***Please have parent complete or complete with parent input:***

- ☐ My Child WILL participate in the Extended School Year Program.
- ☐ My Child WILL NOT participate in the Extended School Year Program. I understand that services are available and have been offered. If my decision changes, I will notify the ESY Coordinator as soon as possible.

If parents decline services, include in the Services page of the IEP that ESY services were offered and parents declined

- Please make sure this information is accurate for the summer
- Please have parent mark dates that student will attend on the attached calendar ***if site-based services are recommended***. Distance Learning sessions and individual skill sessions will be scheduled directly between the teacher and parent.

To Parents: You will be notified by letter that will be sent to your child's teacher to be sent home of the location and times of your child's ESY services.

Student Name: _____ Classification: _____

Date of Birth: _____ Grade _____ School: _____

Teacher: _____

Parent(s)/Guardian: _____

Home Address: _____

Home Phone #1: _____ Emergency Contact Name: _____

Home Phone #2: _____ Emergency Contact Phone: _____

Additional Comments: _____

**PLEASE CIRCLE DATES ATTENDING FOR SITE BASED SERVICES ONLY
AND INDICATE ANY DATES YOUR CHILD WILL NOT BE ATTENDING WITH AN X**

Please review directly with parents as days may be different than in previous years.

Distance Learning Sessions and Individual skill sessions will be scheduled between the teacher and the parent/student. Students only requiring specific skills sessions to work on specific goals identified may attend different days as coordinated with the teacher providing those services

JUNE 2024						
Su	M	T	W	Th	F	Sa
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

June 21 – Teachers only
Students Attend June 24-27
(if doing onsite ESY services)

JULY 2024						
Su	M	T	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Students Attend
July 8-11 & July 15-18
(if doing onsite ESY services)