

LETTER OF INITIAL SCREENING FOR EXTENDED SCHOOL YEAR PROGRAM (ESYP) ELIGIBILITY AND SCHEDULE OF ESY IEP MEETING

Date

RE: Preliminary Determination of **ELIGIBILITY** for ESYP

Dear Parent[s]:

As a student receiving special education services, your child _____ is entitled to be considered for participation in the Extended School Year Program [ESYP]. During the current school year screening data and information have been collected on your child to examine the need for an Extended School Year Program. An initial review of the data indicates that your child **does meet the criteria for ESYP** and is eligible to receive ESYP services this year.

HOW WAS THIS INITIAL SCREENING ASSESSMENT 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
 - _____ other [please describe]
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The data collected was then applied to the ESYP 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.

- _____ Critical Point of Instruction
- _____ Employment
- _____ Excessive Absences
- _____ Extenuating Circumstances
- _____ Late Entry
- _____ Regression-Recoupment
- _____ Self-Injurious Behavior
- _____ Transition

At the upcoming ESY IEP meeting, the team will review and discuss the data collected and the ESY Criteria Documentation Form(s) that was/were completed.

WHAT HAPPENS NEXT?

Participation in an ESY Program is always an IEP team decision, and the team must meet to develop goals and objectives for your child's ESY Program. The ESY IEP team will also determine whether your child needs to receive any related services (such as assistive technology, counseling services, orientation and mobility services, physical or occupational therapy, etc.). Finally, the ESY IEP team will determine the amount, duration and scope of the ESY program which means the number of days per week; the number of hours per day; and the total number of weeks of your child's program.

The persons attending and participating in your child's ESYP 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 ESY IEP 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 program.

Please meet as a member of the ESY IEP team on _____
(Date) (Time)
at _____. If this time is inconvenient or if you have further questions
concerning the _____
(Place)
ESY Program please contact _____ at _____.

Please indicate below whether you plan to attend the ESY 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 ESY IEP meeting at the time and place indicated.

___ I am unable to attend the ESY IEP meeting at the time and place indicated. The best day and time for me is

Date/Time

___ I have received a copy of my procedural safeguards.

Signature of Parent

Date