

**LETTER OF INITIAL SCREENING FOR
EXTENDED SCHOOL YEAR PROGRAM (ESYP) ELIGIBILITY**

Date

RE: Preliminary Determination of **INELIGIBILITY** 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 not meet the criteria for ESYP** and appears to be ineligible 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 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
- _____ other [please describe]

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

Attached to this letter is a photocopy of the ESYP Criteria Documentation Form(s) that was/were completed using the above collected data/information.

WHAT IF YOU DISAGREE WITH THE PRELIMINARY DETERMINATION?

Participation in ESYP 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 ESYP 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 _____ Parish School System at _____ to request an ESY-IEP meeting. You are also free to call your child's teacher to simply discuss the results of the initial screening assessment or any related data.