

**AMARILLO INDEPENDENT SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT**

AMARILLO, TEXAS

EXTENDED SCHOOL YEAR ELIGIBILITY FORM

Student _____ Date _____

School _____ Grade _____

A copy of this form is to be completed by each special education service provider (e.g., teacher, speech therapist, adaptive PE teacher, occupational or physical therapist, etc.) who works with him/her. All completed copies of the form must be placed in the student's eligibility folder prior to the annual review or April 15 of each year (whichever comes first).

Please check the IEP area(s) for which you are responsible for providing services to the student. Then indicate whether or not the student demonstrates severe regression and an inability to recoup the skills within a reasonable period of time:

<u>IEP Area</u>	<u>Regression Documented</u>	
_____ Academics	<input type="checkbox"/> YES	<input type="checkbox"/> No
_____ Speech/Communication	<input type="checkbox"/> YES	<input type="checkbox"/> No
_____ Behavior	<input type="checkbox"/> YES	<input type="checkbox"/> No
_____ Related Service: _____	<input type="checkbox"/> YES	<input type="checkbox"/> No
_____ Other: _____	<input type="checkbox"/> YES	<input type="checkbox"/> No

The need for ESY services is demonstrated by evidence of one or more of the following:

Formal evaluation results (Comprehensive Individual Evaluation, achievement tests, academic skills test, etc.)-

SOURCES OF EVALUATION DATA	PRE-TEST DATE	POST-TEST DATE	EVALUATION RESULTS
Brigance			
CLASS Test			
Other:			

Informal evaluation results (progress reports, work samples, teacher or parent observations, etc.):

Describe:

Results of informal evaluation:

Based on this evidence, complete the ESY IEP to indicate the areas in which the student is expected to show severe or substantial regression and recoupment problems unless ESY is provided.

Signature of Evaluator

Position