

Extended School Year Consideration Guide

Complete the Extended School Year Consideration Guide and submit it to the Director of Special Services for review before proceeding to the case conference.

		document is a guia rence Summary or	e when a TOR is considering (IEP.	a student's need for ESY.	It is not part of the
Student Name:			School:	Grade:	Date:
Regre	ssion	and Recoupment			
Yes	No	The student experience or is expected to experience regression for mastered and partially mastered critical skills. That is, the student is expect to revert to a lower level functioning. Is there a history of skill regression?			
Yes	No	It is not expected that the student will recover the level of mastery of behaviors or skills within a reasonable amount of time after the interruption of educational services. Is there a history of poor recoupment skills?			
Com	ment	s:			
Break	-Thro	ugh Learning Oppo	ortunity		
Yes	No	The student is at a critical point of skill acquisition or readiness, and the student's abilit to acquire the skill will be lost or greatly reduced as a result of an interruption of servic			
Yes	No	The student is at a critical point of skill acquisition or readiness, and the student's ability to acquire the skill will be lost or greatly reduced by an escalation of previously diminished behaviors.			
Com	ment	s:			
Specia	al Circ	cumstances or Fact	ors		
Yes	No	Is there a danger	of loss of independence fron	n caretakers?	
Yes	No	Is there a likeliho	od of a more restrictive place	ement?	
Yes	No	Is the student failing to make meaningful progress towards goals, benchmarks, and objectives given the student's unique circumstances?			
Yes	No	Include information for other special circumstances or factors that were considered.			
Com	ment	s:			



t need(s) that will be addressed by ESY services:					
he current IEP for the recommended ESY services.					
Person responsible:					
Duration:					
Location:					
Identify a goal, benchmark and/or objective from the current IEP for the recommended ESY services. Goal/benchmark/objective:					
Person responsible:					
Duration:					
Location:					
he current IEP for the recommended ESY services.					
Person responsible:					
Duration:					
Location:					

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