**TRINITY COUNTY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)**

**DETERMINATION OF NEED FOR ESY SERVICES WORKSHEET**

*The use and distribution of this form is limited to employees of public school agencies within the Trinity County Special Education Local Plan Area (SELPA )*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STUDENT NAME:** |  | **D.O.B. :** |  | **GRADE:** |  |
| **SCHOOL** |  | **DISTRICT** | |  | |
| **REGULAR SCHOOL YEAR SPECIAL EDUCATION SERVICES:** | |  | | | |
| 1. **MULTIPLE CRITERIA CONSIDERATONS IN ALL AREAS OF NEED** | | | | | |
| **Teacher Observations:** | | | | | |
| **Running Records:** | | | | | |
| **Benchmark Measures:** | | | | | |
| **Progress Towards Goals/Objectives:** | | | | | |
| **Evidence of Regression Following Break:** | | | | | |
| **Evidence of Recouping Information Following Break:** | | | | | |
| **Consideration of other Options Available:** | | | | | |
| **Other Factors:** | | | | | |

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| **STUDENT NAME:** |  | **D.O.B. :** |  | **GRADE:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **ESY CHECKLIST** | | | | | | | |
| **YES** | **NO** |  |  | | | | |
|  |  | **Nature and/or Severity of Disability**  The student demonstrates a severe disability in one or more areas. Without ESY services, will the nature and/or severity of the student’s disability prohibit the student from receiving benefit from his/her educational program during the subsequent return to school? | | | | | |
|  |  | **Regression and Recoupment**  Is there documentation that without ESY services, the child is likely to lose critical life skills or fail to recover these skills within a reasonable time? | | | | | |
|  |  | **Degree of Progress**  Without ESY services, will the student’s progress toward IEP goals related to critical life skills be limited in the subsequent return to school? | | | | | |
|  |  | **Emerging Critical Life Skills/Breakthrough Opportunities**  Without ESY services, will the lengthy school break cause significant problems for the student in learning a critical life/school skill? | | | | | |
|  |  | **Interfering Behavior**  Without ESY services, will the interruption of programming which addresses interfering behaviors (i.e., stereotypic, ritualistic, aggressive or self injurious behavior) targeted by IEP goal(s) and/or Behavior Support or Intervention Plan be likely to prevent the student from receiving benefit from his/her educational program during the subsequent return to school? | | | | | |
|  |  | **Special Circumstances**  Without ESY services, are there any special circumstances that interfere with the student’s ability to benefit from his/her educational program during the subsequent return to school?  If yes, explain: | | | | | |
| 1. **IEP TEAM DETERMINATION** | | | | | | | |
| **Did the IEP team answer YES to at least three of the above?** | | | | **YES** |  | **NO** |  |
| If Yes, ESY services(s) is/are required to provide this student with a free appropriate public education (FAPE). If it was determined that the student needs ESY services, complete the ESY services section of the IEP to provide a clear offer of FAPE and services to be provided during ESY.  Attach this Determination of Need for ESY Services Worksheet to the student’s IEP. | | | | | | | |

NAMEE OF PERSON COMPLETING FORM DATE