

## ***Extended School Year (ESY) Information***

Any child between the ages of 3-5 years will have an IFSP based upon a 10-month (September 1 thru June 30) school year. Eligibility for ESY services (July and August) will be determined for each service in accordance with Maine Department of Education Regulation 180 (please refer to attached copy).

***Information due at CDS/Cumberland County no later than May 3. Information may be sent in continuous batches to assist CDS in earlier ECT scheduling.***

Contracted Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Discipline: \_\_\_\_\_ Frequency/Intensity: \_\_\_\_\_

City/Town of Child's Residence: \_\_\_\_\_

**The following information must be submitted to the child's case manager in order for ESY eligibility to be considered:**

- 1. If recent testing has been completed, most recent evaluation summary
- 2. Plan of Care (if plan has changed)
- 3. Most recent Quarterly Progress Report
- 4. Statement documenting the significance of the discrepancy (standard deviations/months of delay) in area of delay or disability between the child's chronological age and the child's developmental age. Please indicate how discrepancy was determined, i.e. standardized assessment, informal assessment, clinical observation, daily data collection, etc.

5. Statement of the child's progress toward IFSP/IEP goals/objectives during the current school year.

6. Statement of the child's ability to maintain current skills and meet annual goals without ESY services.

7. Statement of the impact of previous service interruptions (if any) on factors described in statements 4, 5 and 6 beyond a reasonable period of time that impact the child's functional skills. Please list specific skills that have been impacted, e.g. copying shapes.

8. What modifications to therapy have been attempted that would impact the need for ESY services e.g. reduction in frequency, intensity, duration, therapy approach, provided written home activities the parent can facilitate.

9. Statement of clinical impressions/observations documenting reasons for ESY recommendations (in accordance with chapter 180 regulations).

10. List IFSP goals from the child's current IFSP to be maintained by ESY services.

- I DO NOT recommend ESY services for this child currently in service.**
- I DO recommend ESY services for this child currently in service.**
- I DO recommend ESY services for this child based upon initial evaluation only.**
- I DO recommend ESY services at a reduced frequency and intensity.**

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Signature of person completing this form