

**Long County School System  
Recommendation for Eligibility for Extended School Year Programs**

Student Name: \_\_\_\_\_ Date of IEP Meeting: \_\_\_\_\_

**Directions:**

- A.) Complete the following items by checking yes or no.
- B.) Specify where indicated.
- C.) Attach copies of relevant supporting documentation (i.e. teacher records, medical data, IEP, etc.)

1.) Does the student demonstrate a severe handicap in one or more areas? YES NO  
\_\_\_\_\_

2.) Has the student demonstrated regression in the absence of a formal education program: \_\_\_\_\_  
Specify the type and extent of behavior: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.) Has the student demonstrated a limited capacity to recoup previously learned behaviors and skills? \_\_\_\_\_  
Specify the type and extent of behavior: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.) Does the student appear to demonstrate a regression/recoupment disability? \_\_\_\_\_  
Specify:

Self-help Skills	_____	_____
Academic Skills	_____	_____
Physical Mobility	_____	_____
Impulse Control	_____	_____
Basic Communication	_____	_____
Interaction with Peers and/or Adults	_____	_____
Other: _____	_____	_____

5.) Have the parents provided information that the student will sustain an irreparable loss of progress without a summer program? \_\_\_\_\_  
(If yes, attach documentation.)

6.) Would the student's regression over the summer months render it impossible or unlikely that the student would attain the level of self-sufficiency and independence from caregivers that he/she otherwise would have been expected to reach with a summer program?

7.) Is the student recommended for an extended school program? \_\_\_\_\_

8.) Recommended related services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_