

Mid-Valley Special Education Cooperative
ESY Referral/Recommendation Form for ESY 2017

Directions: Please complete this form and send it to your district **administrator via interoffice, scan or FAX** as soon as you know that the student is already or will be recommended for ESY at the annual review. MV staff should send the form to their respective coordinator. This form should be submitted **NO LATER THAN MARCH 17th**. **Your administrator will approve your recommendation, notify you, and will forward completed and approved forms to Mid-Valley by March 24.**

It is the case manager's responsibility to obtain the parent registration. **Once you have received approval for ESY**, the parent registration should be sent to the parents. When the packet is returned to the case manager, it should be sent to your **district administrator or MV coordinator (for MV staff)**. Parent registrations may be collected at any time, but are due to your administrator **NO LATER THAN APRIL 21st**. Exceptions to these deadlines should be discussed with your administrator. Your administrator will forward this information to MV by May 5th.

Goals specifically for ESY should be written on separate goal pages on the PowerIEP system after the goals listed for the academic year (including related service goals). These goals should be ones to foster maintenance of skills and should have a duration of 4 weeks. **POWERIEP USERS, ATTACH A COPY OF THE EDUCATIONAL SERVICES PAGE WITH THE ESY RECOMMENDATIONS.**

DISTRICT 303 REFERRALS MUST INCLUDE AN ENTIRE COPY OF THE STUDENTS' IEPs WITH A SEPARATE GOAL PAGE(S) FOR ESY.

Student Name _____ DOB _____ SIS _____

Gender _____ Attending School _____ Current Grade _____

Home District _____ Home School _____ Eligibility Label _____

Current Case Manager _____ MVSEC Program _____

Current Type of District Program: _____

IEP Date with ESY _____ **Anticipated IEP Date with ESY** _____

Yes/No This student currently requires individual assistance for mobility, hygiene or safety throughout their day for all activities.

Yes/No Does this student have an individualized health care plan? *If so, please send a copy with this referral form.*

Yes/No Does this student have special medical concerns? Please describe: _____

Yes/No Does this student take medication regularly? Please describe: _____

Yes/No Does this student have a behavior intervention plan? *If so, please send a copy with this referral form.*

Yes/No Does this student require additions to specialized transportation? (Harness, assistant, wheelchair lift; health assistant; parents will drive, other) Please describe: _____

Yes/No Individualized, special equipment/materials should be used with this student and will be sent.

*****IMPORTANT*****

PLEASE MAKE ARRANGEMENTS TO SEND AT DEVICES OR INSTRUCTIONAL TECHNOLOGY SO THAT THE STUDENTS CAN BE SUCCESSFUL IN ESY. You may send materials to MV or drop them off. Special arrangements should be made with your district or cooperative administrator.

Approximate Grade/Functioning Levels:

Reading: _____ Math: _____ Writing: _____ Other : _____

In each row, circle or highlight those areas that best describe this student's performance:

Receptive Language Ability	Benefits from class vocabulary; uses highlighting, some accommodations	Needs help with instructions, rephrasing, extra practice/repetitions	Needs altered expectations of vocabulary; pictures
Expressive Language Ability	Conversational, limited academic vocabulary	Speaks in words/phrases, can make wishes known	Extremely limited language; may use AAC device
Independence, Work Habits	Starts/finishes work; works consistently with few reminders	Needs reminders, schedules, prompts to finish; accommodated directions	Needs direct assistance to start/finish and organize tasks
Instructional Groups	Can participate large group w/o assistance; can copy, ask questions; follow-along	Can participate in small group w/o assistance; requires prompts, structure with copying, following along, redirection for listening	Requires individualized instruction; structured, planned participation, frequent models, reteaching of key concepts
Behavior	No specific behavior issues	Needs assistance with getting started, social interactions	Needs behavioral monitoring, crisis intervention structured social interactions
Expressive Writing	Can meet expectations with assistance with organization, vocabulary, software	Needs regular assistance with organization, editing, proofreading	Requires altered expectations for written products
Attention	Can pay attention adequately	Needs frequent redirection; frequent checking for consistent effort	Needs movement breaks, frequent redirection, instruction delivered in small segments

ESY Program Recommendations: See program descriptions on website (mvse.org) or procedures.

- ___ Functional Academics/Life Skills (Cognitive delays; K-12)
- ___ Behavior Alternatives (Primarily students with ED/BD, K-8, but can be older)
- ___ Academic Skill Maintenance (Cross-categorical, high incidence disabilities, K-8, but can be older)
- ___ New Pathways (Autism, K-10)
- ___ Early Childhood (All disabilities, ages 3-5, except for autism [below] and hearing impaired [below])
- ___ Early Childhood Hearing Impaired (ages 3-5)
- ___ Early Childhood New Pathways (Autism: ages 3-5)
- ___ Transition SAIL (18-22) (Higher functioning)
- ___ Transition SAIL (18-22) (Lower functioning, ambulatory)
- ___ Multi-Needs (Multiple Disabilities; may be non-ambulatory, all ages through 22)

If the student has an individual teaching assistant during the school year, please provide the name of the teaching assistant: _____

For office use only:

Administrator/Approval Signature: _____

Individual TA Recommended for this student for ESY