**INDIVIDUAL STUDENT GENERAL SUPERVISION FILE REVIEW CHECKLIST- ESY**

**Version 1 April 2021**

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| Name of Student (Last, First): Region:  | Reviewed by:  |
| Date of Birth:  | Age:  |
| Category of Eligibility:  | Initial IEP Date:  |
| Current Eligibility Report Date:  | Current Annual IEP Date:  |
|  |  Current Preschool Student Yes No |

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| **Least Restrictive Environment** |
| **Item 1** | **Yes** | **No** | **N/A** |
| The student is receiving ESY according to the current IEP. If no, continue below.  |  |  |  |

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| **Item 2** | **Yes** | **No** | **N/A** |
| There is evidence that ESY was considered at the IEP meeting. |  |  |  |

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| **Item 3** | **Yes** | **No** | **N/A** |
| Is the reason for ESY because goals and/or services are inadequate? |  |  |  |
| If the child has a documented lack of progress, what is the reason? |  |  |  |

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| **Item 4** | **Yes** | **No** | **N/A** |
| Prior IEPs: The IEP goals have changed meaningfully from year to year. |  |  |  |

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| Compliant | Non-Compliant |
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