**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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