

INDIVIDUALIZED EDUCATION PROGRAM: Extended School Year
 The purpose of this form is to document information regarding Extended School year
 (To be attached to IEP)

Student's Name _____ Date: _____
 Attending School: _____ Birthdate: _____
 Address: _____ Home Phone: _____
 _____ Emergency Phone: _____

Complete the following matrix - Attach Regression & Recoupment Data

	Does the student have IEP goals & objectives in this area?	Does the student demonstrate severe or substantial regression in this area? If yes, provide documentation.	Does the student demonstrate a limited capacity to recoup skills in the area within a reasonable time? If yes, provide documentation.	Requires ESY service goals. Attach goals.
1. Motor & mobility (fine & gross motor PE)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Self-management, independent living (e.g., personal self-care home management, safety, leisure time, community services)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Communication (e.g., speech, language)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Social & behavior (e.g., interactions, impulse control, study skills, problem solving.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Academics (e.g., language arts, mathematics, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Vocational & career education	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If no documented evidence, (e.g., a student transfers from another school district in the latter part of the academic year with no opportunity to collect regression and recoupment data), on predictions according to the professional judgment of the team>

Check if this applies: Yes No Comment: _____

Team Determination:

The team has determined that the student _____ does or _____ does not meet the criteria for determining the need for extended school year services.

Student Name: _____ Grade Level: _____ Case manager: _____

1. End of School year Academic Level: (Check one and fill in appropriate level/lesson #) (Required)

<p>Reading</p> <p><input type="radio"/> _____: Lesson ____</p> <p><input type="radio"/> _____: Level ____, Workbook # ____</p> <p><input type="radio"/> _____: Lesson ____</p> <p><input type="radio"/> _____: Lesson ____</p> <p><input type="radio"/> Other _____</p>	<p>Writing:</p> <p><input type="radio"/> _____: Level _____</p> <p><input type="radio"/> Correct Writing Sequence: ____%</p> <p><input type="radio"/> Other: _____</p>	<p>Math:</p> <p><input type="radio"/> Touch Math: Level ____</p> <p><input type="radio"/> Math Connects: Level ____</p> <p><input type="radio"/> Math Triumphs: Level ____</p> <p><input type="radio"/> Other: _____</p>
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2. ESY Specially Designed Instruction (Required):

Academic Area: (E.g. Reading, Writing, Math, Behavior, etc.)	Measurable Goal(s): (Based on end of school year data/level in area(s) of concern) (Sample Goal: Will maintain 30 cwpm)	Setting (e.g. Class, playground, Cafeteria, Etc.)	Specially Designed Instruction Amount of Time: (120 min./wk Maximum per goal)

3. Does the student have a Medical Protocol? Yes No
 If yes, attach Medical Protocol and list what areas: _____
 Staff training needed for Delegated Health Service? Yes No

4. Does the student have a Behavior Intervention Plan? Yes No
 If yes, attach the Behavior Intervention Plan (*Include Behavior Goal).

Additional information: _____

