

INDIVIDUALIZED EDUCATION PROGRAM: Extended School Year Worksheet

The purpose of this form is to document information regarding Extended School Year.

Student's Name	Birth date (mm/dd/yy):	ID Number:
District:		Attending School:
Address:		Telephone:

1. Complete the following matrix – attach Regression & Recoupment ESY Data Collection Form

	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.	Require ESY service goal's 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

2. IEP TEAM DECISION

The student is is not eligible for ESY services.

ESY Goals:

3. Level of ESY Service

What frequency, intensity, and type of service are expected to be necessary to prevent significant regression?

Amount of time per week: _____

Number of weeks: _____

Type of instruction/service: (instruction and practice)

with frequency, intensity, and type of service

Are there related services required in addressing the goals or objectives targeted during ESY? If so, what are they?

Record team decisions on IEP.

Attach IEP, and any protocols (behavior, medical, lifting, feeding)

Attach Form 7A and place in Special Education file.