

Jefferson County ESD

INDIVIDUALIZED EDUCATION PROGRAM: Extended School Year

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

Student's Name _____ Date: _____

District: _____ Birthdate: _____

Resident School: _____ Attending School: _____

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

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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. JCESD August 08

Student Name: _____ Grade Level: _____ Casemanager: _____

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

Reading <input type="checkbox"/> Edmark: Lesson _____ <input type="checkbox"/> Primary Phonics: Level ____, Workbook # _____ <input type="checkbox"/> Reading Mastery: Lesson _____ <input type="checkbox"/> Read Well: Lesson _____ <input type="checkbox"/> Other _____	Writing: <input type="checkbox"/> HWOT: Level _____ <input type="checkbox"/> Correct Writing Sequence: _____% <input type="checkbox"/> Other: _____	Math: <input type="checkbox"/> Touch Math: Level ____ <input type="checkbox"/> Math Connects: Level ____ <input type="checkbox"/> Math Triumphs: Level ____ <input type="checkbox"/> Other: _____
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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)

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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: _____

