



HIGH PLAINS EDUCATIONAL COOPERATIVE

"High Plains Educational Cooperative will assist and support the member districts in providing educational services which will maximize opportunities for all children to live, learn, and work in society." *HPEC Mission Statement*

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Ulysses, KS 67880
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IEP Worksheet and Addendum for Extended School Year (ESY)

If you completed this form during your annual IEP meeting, you do not need to fill this out. If you are completing this document at another time, please include a notice of meeting, staffing team report and a written prior notice forms.

Student's Name _____ DOB _____ Date _____

District _____ School _____ TOR _____

The IEP team should use one or more of the following information and data to document need for ESY services.

- a. Criterion-referenced and standardized test data to include test date and score

Test: _____

Date administered: _____

Student score: _____

- b. Significant regression as indicated on IEP goal(s) # _____, _____, _____, _____, _____.

- c. Student performance (pre-test and post-test data);

Pre-test date: _____

Pre-test score: _____

Post-test date: _____

Post-test score: _____

1. ESY services crucial for the student to move toward self-sufficiency and independence as evidenced under goal # _____.
2. The student has a functional curriculum that requires instruction in such self-help skills as dressing or eating as indicated under goal # _____.
3. The student requires continued structure to develop behavioral self-control as indicated by goal # _____.

Based on the data leading to responses to the above questions, does the IEP team believe that ESY services are required for this student? Yes No

If the decision is to provide ESY services, please complete the following:

What are the identified services/approaches for ESY from the IEP team? (Be sure to include anticipated frequency, location & duration of the services to provided)

Related services are required? Please specify:

The child receives special transportation during the regular school term. Yes No

The child will require the same special transportation for the ESY term. Yes No

The child requires different special transportation for the ESY term. Yes No (If yes, please specify transportation needs and contact district transportation supervisor.)

Target goal(s) on the current IEP that will be worked on during the ESY session are:

Goal # _____, _____, _____, _____, _____.