

**Planning: 2019 Extended School Year (ESY)**

Student: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Student Lunch Number: \_\_\_\_\_

IEP Goal(s) for ESY	Activities (Include reinforcers, best practices, etc.)	Materials/Equipment
Social/Behavior Skills 1. 2. 3.	1. 2. 3.	1. 2. 3.
Independent Functioning/Organizational Skills 1. 2. 3.	1. 2. 3.	1. 2. 3.
Self Help/Daily Living Skills 1. 2. 3.	1. 2. 3.	1. 2. 3.
Communication Skills 1. 2. 3.	1. 2. 3.	1. 2. 3.
Academic/Pre-Academic-Developmental Skills 1. 2. 3.	1. 2. 3.	1. 2. 3.