

ESY Summer 2020

Student Information

FSI # _____

Last Name _____ First Name _____ Grade _____

Eligibilities (circle all that apply): ASD DHH InD LI OI SLD VI
 DD EBD HH OHI SI TBI

School Information:

Home School _____ Assigned School _____ ESY Site _____

Weeks _____ Days _____ Hours _____ General Education or Special Program (circle one)

Class Type (i.e. ASD, InD, SVE, Pre-k B, Pre-k C) _____

Transportation

Transportation: YES NO Harness: YES NO Seatbelt: YES NO Wheelchair: YES NO

AT Equipment: _____ Audiology: _____

Reading Programs:

Foundations Wilson Just Words Other _____

MEDICAL: NO YES _____ NURSE: NO YES _____

ESE & Related Service minutes per week:

Speech _____ Language _____ OT _____ PT _____ Counseling _____

PBIP NO YES Details _____

Does the student have a private provider coming to the school using the PIP? NO YES

ESY Folder Checklist

- ___ 3 copies of ESY information from EASY IEP
- ___ ESY Planning Form
- ___ Materials/books and work samples
- ___ 2 copies of the completed and signed Parent Response Letter
- ___ 2 copies of the Transportation Request Generated from EASY IEP
- ___ Student ID Badge
- ___ Equipment Property Passes included
- ___ Photo of Student (For any Pre-K or Special Program Student)
- ___ FBA/PBIP if applicable