

# Extended School Year Services (ESY) Program Description



**GRANT WOOD**  
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(Please Print)

Student \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (MI) (Month) Day Year

Building/District Student Attends \_\_\_\_\_

Goal Area in Need of ESY: \_\_\_\_\_  
 \_\_\_\_\_

Goal Code *(Only one per page according to directions)* \_\_\_\_\_

Case Coordinator \_\_\_\_\_

**Complete all information to the solid line before ESY begins.**

ESY Consideration based on:

Regression     Rare and unusual circumstances

Level of Instruction or Service:

Maintenance of skills     Acquisition of skills

What services will be provided? / . . . are required?

Who will provide services? (Name and Position)

Where and when (time and frequency) will service be provided?

Date Services begin: \_\_\_\_\_ Date Services end: \_\_\_\_\_

**How** will progress be monitored?

**How often** will progress be monitored?

**Who** will monitor progress?

\_\_\_\_\_ Date Beginning level of performance \_\_\_\_\_  
(Data documented by school year service provider or case coordinator — please circle one)

\_\_\_\_\_ Date End of ESY level of performance \_\_\_\_\_  
(Data documented by ESY service provider or case coordinator — please circle one)

\_\_\_\_\_ Date Beginning of school year level of performance \_\_\_\_\_  
(Data documented by school year service provider or case coordinator — please circle one)

\_\_\_\_\_ Date End of First Quarter level of performance \_\_\_\_\_  
(Data documented by school year service provider or case coordinator — please circle one)

Yes     No    Was regression observed in the ESY goal area between end of the ESY period and beginning of school year.

**If Yes,** indicate the length of time needed for student to regain end of the year skill levels: \_\_\_\_\_  
 \_\_\_\_\_



## Extended School Year Services (ESY) Program Description Directions

Section	Directions
<b>Demographic Information</b>	Complete all demographic information.
<b>Goal Areas</b>	List goal area to be addressed as part of ESY. <i><b>Only one</b> goal/service provider per page.</i>
<b>Goal Code</b>	Indicate the goal code.
<b>Case Coordinator</b>	Indicate the student's case coordinator.
<b>ESY Consideration</b>	Determine whether the plan will be based on regression, or rare and unusual circumstances.
<b>Level of Instruction or Service</b>	Determine whether the plan will enable acquisition of skills or maintenance of skills. <i><b>Only one</b> area can be checked.</i>
<b>What services will be provided?</b>	Indicate type of service.
<b>Who will provide services?</b>	Indicate the person's name and title.
<b>Where and when (time and frequency) will services be provided?</b>	Indicate location of services. Time and frequency should be indicated by time per session and number of sessions. <i>For example, 30 minutes per session for 16 sessions.</i>
<b>Beginning and ending dates.</b>	Indicate the date services will begin and the date they will end.
<b>Progress Monitoring Plan.</b>	<b>Answer each question as follows:</b>
<b>How will progress be monitored?</b>	Record the indicators used to monitor progress. <i>Example: Increase the number of feet walked or percentage (%) of acquisition of articulation skills as stated.</i>
<b>How often will progress be monitored?</b>	Record the progress monitoring schedule. <i>Example: Progress will be monitored at every other session.</i>
<b>Who will monitor the progress?</b>	Record the person monitoring the progress. Record by name, if known, and position.
<b>Performance Levels.</b>	Note the timelines (beginning level of performance, performance at the end of ESY, performance at the beginning of the return to school year, and performance at the first quarter of the year). The person responsible for documenting the levels of performance is indicated under each line ( <i>circle one</i> ). The data collected should be documented in numeric form.