

EXTENDED SCHOOL YEAR FOR _____ (I-11)**CESA #7 _____ SCHOOL DISTRICT**

Does the child require extended school year (ESY) services to receive a free and appropriate public education (FAPE)?

- Yes No *(If no, explain reasons rejected)*

(If yes, identify which annual goals, including benchmarks or short-term objectives if applicable, will be addressed during ESY)

Specify all needed services:

I. Special Education	<u>Frequency/ Amount</u>	<u>Location</u>	<u>Duration</u> <i>(beginning and ending dates)</i>
II. Related services			
III. Supplementary aids and services - aids, services, and other supports provided to or on behalf of the student in regular education or other educational settings			
IV. Program modifications or supports for school personnel that will be provided			