

EXTENDED SCHOOL YEAR DOCUMENTATION - RECOMMENDATIONS

Student: _____ **D.O.B.:** _____ **Date:** _____

Home School: _____ **Grade:** _____ **Parents:** _____

Attending School: _____

Describe the services to be provided including frequency and duration. These services must also be included on the IEP in the Anticipated Services Text.

	Service	Mins	Days	Wks	Provider (Current Provider)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

List the Goals which will be implemented during the Extended School Term: (Prioritize)

1. _____
2. _____
3. _____
4. _____
5. _____

Team Members:

Signature	Position	Date	Signature	Position	Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____