

ID# \_\_\_\_\_ DOB \_\_\_\_\_ HOMEBASED SCHOOL \_\_\_\_\_

PRIMARY EXCEPTIONALITY \_\_\_\_\_ SECONDARY EXCEPTIONALITY \_\_\_\_\_ ESYP SCREENING DATE \_\_\_\_\_ ESYP MEETING DATE \_\_\_\_\_

**COMPLETE IF APPLICABLE: (Check only one.)** This IEP meeting was requested by the parent.  This IEP meeting was requested by school personnel.

ELIGIBILITY DETERMINED:  Regression-Recoupment  Critical Point of Instruction (Fill in # \_\_\_\_\_)  Self-Injurious Behavior  Employment  Transition  
 Excessive Absences  Late Entry  Extenuating Circumstances (Explain or Attach explanation.)  Ineligible (Explain or Attach explanation.)

**NOTE: ANYTHING BELOW THIS LINE MUST BE BLANK PRIOR TO THE IEP MEETING.**

|                         |            |                     |   |
|-------------------------|------------|---------------------|---|
| <b>IEP PARTICIPANTS</b> | Signatures | Signatures/Position | <b>ESYP NEEDS</b> (Indicate the specific areas of current performance and specific needs for instruction and services during ESYP.) |
| Teacher(s)              | _____      | ODR* _____          | _____<br>_____<br>_____<br>_____  |
| Parent(s)               | _____      | Other(s) _____      |   |
| Student                 | _____      | _____               |   |
|                         |            |                     | *Must be in attendance  |

| Code and Objective Number | <b>OBJECTIVES FROM SCHOOL YEAR IEP:</b><br><b>NEW OBJECTIVES FOR ESYP</b> | WRITE: 1) objective code, 2) number, and 3) paraphrase the objective<br>WRITE: 1) ESYP GOAL; 2) the complete objective, 3) code, and 4) number | INTEGRATION IMPORTANT Yes/No | PERSONNEL RESPONSIBLE |
|---------------------------|---|--|------------------------------|-----------------------|
|                           |   |  |                              |                       |
|                           |   |  |                              |                       |
|                           |   |  |                              |                       |
|                           |   |  |                              |                       |
|                           |   |  |                              |                       |

SETTING(S):  Regular School Campus  Special School Campus  Home  Hospital  Jobsite  Community  Other Use the number 1 to indicate the setting where the student will receive most of his/her service. Use 2, 3, etc. to indicate whether the service is provided in other settings. The setting should reflect the location. \*\*

DATE ESYP TO BEGIN \_\_\_\_\_ DATE ESYP TO END \_\_\_\_\_

**PROGRESS REPORT(S):** Progress Reports for ESYP will be sent home every \_\_\_\_\_ weeks or \_\_\_\_\_ at the end of ESYP.

I have received a copy of my Procedural Safeguards.

| INSTRUCTIONAL RESOURCES NEEDED FOR ESYP | Duration | Individual/Group | Minutes/Session | Sessions/Week | Location** | Primary Service Provider (title) | I agree to ensure that the ESYP Program described in this ESYP IEP is provided.     |
|---|----------|------------------|-----------------|---------------|------------|----------------------------------|---|
| SPECIAL EDUCATION INSTRUCTION           |          |                  |                 |               |            |                                  | Officially Designated Represent. of Local Education Agency Date _____               |
| SPEECH/LANGUAGE THERAPY                 |          | I G              |                 |               |            |                                  | After discussing my child's special education needs, I approve this ESYP IEP. _____ |
| ADAPTED PHYSICAL EDUCATION              |          | I G              |                 |               |            |                                  | Parent/Guardian/Surrogate Parent/Competent Major/Student Date _____                 |
|   |          | I G              |                 |               |            |                                  | <b>EVEN THOUGH MY CHILD QUALIFIES FOR ESYP SERVICES, I DECLINE THESE SERVICES</b>   |
|   |          | I G              |                 |               |            |                                  |   |

COMMENTS \_\_\_\_\_

Parent/Guardian/Surrogate Parent/Competent Major/Student Date \_\_\_\_\_

TRANSPORTATION NEEDED: (Circle.) Yes No  
(Describe.) \_\_\_\_\_