

# ESY 2009 – Documentation of Program Needs

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School District: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Teacher: \_\_\_\_\_

Disability: \_\_\_\_\_ Grade: \_\_\_\_\_

Program Discussed/needed: \_\_\_\_\_

Location: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Service Needs: (Indicate all that Apply) Cannot EXCEED services provided during the school year

<b>Type of Service Needed:</b>		<b>Provided by:</b> (IU, District or Camp)	<b>Amount of time:</b> (per session per week)
<input type="checkbox"/>	Teacher		
<input type="checkbox"/>	1:1 Aide (must be in IEP during school year)		
<input type="checkbox"/>	Speech		
<input type="checkbox"/>	Occupational Therapy		
<input type="checkbox"/>	Physical Therapy		
<input type="checkbox"/>	Hearing		
<input type="checkbox"/>	Vision		
<input type="checkbox"/>	Orientation & Mobility		
<input type="checkbox"/>	Social Work Services		
<input type="checkbox"/>	Nursing Services (ex. Feeding)		
<input type="checkbox"/>	Personal Nursing Services		
<input type="checkbox"/>	Bus Aide		
<input type="checkbox"/>	Transportation		
<input type="checkbox"/>	Other (Specify)		

(ex: Dynavox, weighted spoon, communication board etc.)

Date NOREP Rcvd: \_\_\_\_\_ Date Emergency Card Rcvd: \_\_\_\_\_

**Please mail, upon completion of the IEP Meeting, this form attached to a copy of the IEP, NOREP, Emergency Card and Transportation Request (if applicable) to Toni Lozar.**

**\*\*REMINDER: Student ESY materials need to be sent to Toni Lozar by the end of the school year**