

ESY 2008 – 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

Type of Service Needed:		Provided by: (IU, District or Camp)	Amount of time: (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		

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

Date IEP Sent: _____ Date Transportation Request Sent: _____
 Date NOREP Sent: _____ Date Emergency Card Sent: _____

For IU Use Only

Date IEP Rcvd: _____ Date Transportation Request Rcvd: _____
 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**