

EXTENDED SCHOOL YEAR
Form I-11 (Rev. 05/2018)

_____ **SCHOOL DISTRICT**

Name of Student _____

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, specify all needed services:

Describe	<u>Frequency</u>	<u>Amount</u>	<u>Location</u>	<u>Duration</u> <i>(beginning and ending dates)</i>	<u>Address Goals(s)</u> # _____	<u>Address Need(s)</u> # _____
I. Supplementary Aids and Services						
II. Special Education/Specially Designed Instruction						
III. Related Services Needed to Benefit from Special Education						
IV. Program modifications or Supports <i>for School Personnel</i>						