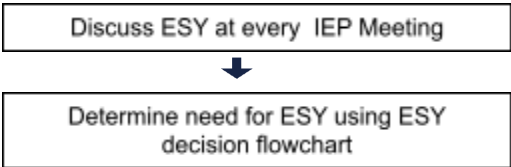
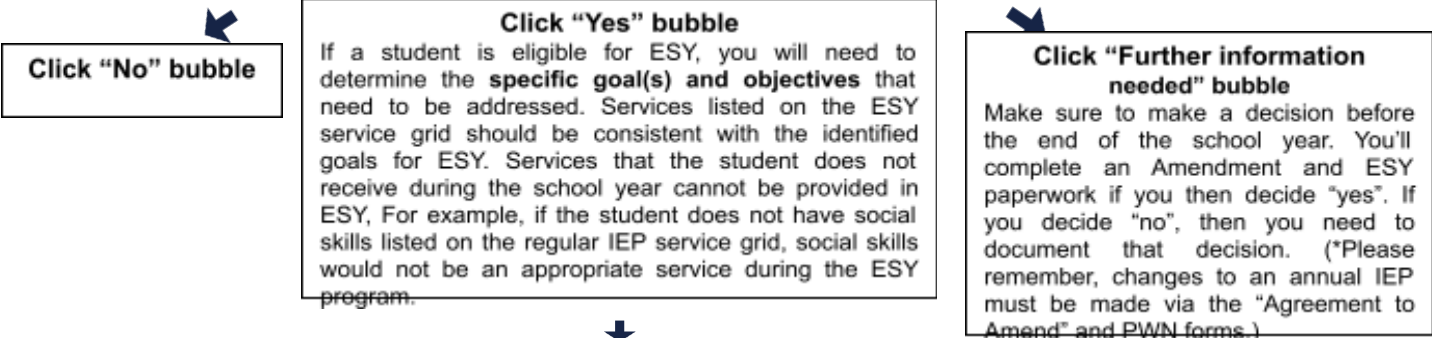


# ESY Services



NO YES Further Information Needed



o On the Services Page: Extended School Year Click “yes”

Extended School Year Extended School Year (ESY) Services ESY Decision Flowchart

Are extended school year services required for this student? ☐ No ☒ Yes ☐ More data needed

Add ESY Service

Click the bubble: Add ESY Service.. and this box will open.

Add the service you will provide. If there's additional services you'll click the button again.

Extended School Year Extended School Year (ESY) Services ESY Decision Flowchart

Are extended school year services required for this student? ☐ No ☒ Yes ☐ More data needed

Order # 1 Service ---Select Option---

Location ---Select Option---

Frequency ---Select Option--- x week

Minutes per session Indirect Min Direct Min

Anticipated duration ---Select Option--- year

Start date MM/DD/YY End date MM/DD/YY

Provider Supervisor

Direct minutes Indirect minutes Service hours

Either service does not fall on any instructional days or instructional days are not entered.

Add ESY Service

o Go To Your Goal Page(s): Click Boxes to choose just the goals and skills you will specifically be targeting during ESY.

Measurable Annual Goal: ☒ ESY Measure Goal

Johnny will improve participation in self help skills from not participating to actively participating and following a verbal directive.

Benchmarks or Short Term Objectives:

Objective/Indicator: 1 ☒ ESY Measure Objective

Johnny will take off outerwear and backpack upon arrival to school with A) hand over hand assistance, then B) verbal prompting and gestures to C) following verbal directive over three consecutive trials observed.

o Go Back to the Extended School Year Box and select the Blue Link at the top:

Extended School Year Extended School Year (ESY) Services ESY Decision Flowchart

Are extended school year services required for this student? ☐ No ☒ Yes ☐ More data needed

o It will show the services you've already entered and now you can enter ANY Paraprofessional Support: Check the ESY only box in upper right corner.

Child Specific Paraprofessional Support

Type of Paraprofessional Support

Order # 1 Service ---Select Option---

Location ---Select Option---

Not applicable for ESY: ☐ ESY only: ☒

Frequency ---Select Option--- x week

Minutes per session Direct Min Anticipated duration ---Select Option--- year

Start date MM/DD/YY End date MM/DD/YY

Statement of student's need for and the specific responsibilities of the paraprofessional(s): ---Select Option---

Provider Supervisor

Direct minutes Service hours

Either service does not fall on any instructional days or instructional days are not entered.

Add Paraprofessional Support

- o Then finish completing the form filling in ALL components:
  - o Date
  - o Case Manager
  - o School
  - o Reason for ESY. Choose A, B, or C AND Type in the reason/justification.

o Then LASTLY address Special Transportation and Describe what the experience will look like.

Special Transportation ☐ No ☐ Yes

---Select Option---

Briefly describe Corlie's ESY program:

Finalize