

Extended School Year (ESY)

Date: _____

To the parent/guardian of: _____

In accordance with the Federal "Individuals With Disabilities Education Act" (IDEA 2004), the IEP team (of which you are a member) has determined that your student is eligible for Extended School Year (ESY) services.

Details of Extended School Year are as follows:

Location: _____

Dates of Services: _____

Time of Services: _____



Please sign and return to your SPED teacher/file manager, of your student.

YES-My student will participate in ESY, on the above dates.

NO-My student will not participate in the ESY this summer, even though they qualified for these services.

YES-My student will participate in ESY-but only on the below dates.

Parent Signature: _____ Date: _____
