

**Piedmont Public Schools
NOTIFICATION OF MEETING**

NAME OF CHILD: [REDACTED] STUDENT ID: 04044
FIRST/MIDDLE/LAST

BIRTHDATE: [REDACTED] GRADE: EC AGE: 5 DATE: 04/22/13
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): [REDACTED]

PHONE: (WORK) _____ (HOME) X [REDACTED] (OTHER) _____

HOME ADDRESS: [REDACTED] DISTRICT/AGENCY: Piedmont Public Schools
STREET ADDRESS/P.O. BOX CITY STATE ZIP

TO: [REDACTED]
PARENT AND CHILD (IF TRANSITION SERVICES ARE BEING CONSIDERED)

We would like to meet with you to discuss:

- Evaluation/eligibility/identification of disability requiring special education services
- Placement/Individualized Education Program (IEP)
- Transition from early intervention services to preschool
- Review of placement/IEP
- Reevaluation to determine disability and nature, extent of special education and related services needed
- Consideration of needed transition services (beginning during the ninth grade year or upon turning 16 years of age, whichever occurs first)
- Consideration of Extended School Year (ESY) services
- Other options to be considered (if applicable): _____

Piedmont Primary School	615 Edmond Rd. N.W., Piedmont OK. 73078
LOCATION OF MEETING (Building/Room)	ADDRESS
on <u>Wednesday</u> <u>April 24, 2013</u> at <u>2:30p.m.</u>	
DAY	DATE
	TIME

This meeting will provide an opportunity to discuss your child's educational program and any changes that may be necessary for provision of appropriate services. Students must be invited to attend meetings for the purpose of considering transition services beginning not later than the first IEP developed during the student's ninth grade year or upon turning 16 years of age, whichever occurs first. As the parent, you will decide whether your minor child will attend. Representative(s) from agencies that may be responsible for providing transition services shall be invited to the meeting, with prior written parental consent. At your discretion or the agency's discretion, other individuals who have knowledge or special expertise regarding the child may also be a member of the IEP Team.

The persons indicated below are required to attend:

The persons selected below are invited to attend:

- | | | |
|-------------------------------|--|---|
| Parent | <input type="checkbox"/> Related Service Provider(s) | <input type="checkbox"/> IDEA Part C Representative |
| Regular Education Teacher | <input type="checkbox"/> Vocational Rehabilitation Counselor | <input type="checkbox"/> Other _____ |
| Special Education Teacher | <input type="checkbox"/> Student | <input type="checkbox"/> Other _____ |
| Administrative Representative | <input type="checkbox"/> Qualified Examiner | <input type="checkbox"/> Other _____ |

Please contact the person at the address, phone number, or email address below by 04/24/13 as to whether you can meet at the mutually agreed upon time and place suggested or if other arrangements convenient for you should be made. If neither parent can attend, the agency shall make other methods of participation available to the parent, including individual or conference telephone calls and copies of the IEP. Your child's educational program and services will not be changed prior to the meeting to ensure your opportunity to participate. Translation/interpretation will be arranged upon request. Parents have protection under the procedural safeguards. If you have any questions regarding this notice or your rights, please contact the person listed on this form. Additional resources can be located within the *Parents Rights in Special Education: Notice of Procedural Safeguards*. To obtain a copy, contact [REDACTED]

FROM: [REDACTED] Piedmont Public Schools (405) 373-4848 04/22/13
SIGNATURE OF DISTRICT/PUBLIC AGENCY OFFICIAL DISTRICT/AGENCY TELEPHONE DATE

615 Edmond Rd. N.W. Piedmont OK 73078 [REDACTED]
STREET ADDRESS/P.O. BOX CITY STATE ZIP EMAIL ADDRESS

SCHOOL USE ONLY:	NOTICE SENT BY: <input type="checkbox"/> U.S. MAIL	Date Mailed _____
	<input checked="" type="checkbox"/> Personal Delivery	Date Delivered <u>04/24/13</u>
Translation/interpretation needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify how and when provided: _____		
School/public agency official's signature certifies that parent(s) have received an explanation in their native language or other mode of communication to accommodate the parent(s) understanding their rights.		

Piedmont Public Schools INDIVIDUALIZED EDUCATION PROGRAM (IEP)

NAME OF CHILD: _____ STUDENT ID: 04044
FIRST/MIDDLE/LAST
 BIRTHDATE: _____ GRADE: EC AGE: 5
MONTH/DAY/YEAR
 PARENT(S): _____
 PHONE: (WORK) _____ (HOME) _____ (OTHER) _____
 HOME ADDRESS: _____ DISTRICT/AGENCY: Piedmont Public Schools
STREET ADDRESS/P.O. BOX CITY STATE ZIP ?
 BUILDING: Piedmont Primary School SITE CODE 110 IEP TEACHER OF RECORD _____
 INITIAL IEP INTERIM IEP SUBSEQUENT IEP 04/24/13 DATE AMENDED or MODIFIED: _____

Present Levels of Academic Achievement and Functional Educational Performance: Document current evaluation data and write objective statements, (may include most recent statewide and districtwide) to demonstrate how the child's disability affects the child's involvement and progress in the general education curriculum and postsecondary transition, as appropriate. For students of transition age, document transition assessment results as they relate to the postsecondary goal(s). For preschool children, describe how the disability affects the child's participation in age appropriate activities.

Current Assessment Data	Objective Statements
<p>Classroom Performance 3-28-13</p> <ul style="list-style-type: none"> -can count to 30 orally without assistance -identifies all basic colors -identifies all basic shapes -identifies first name in print -participates and is engaged during circle/calendar time activities -identifies numbers 1-16 -knows over half of letter sounds -identifies almost all uppercase and lowercase letters -participates and is engaged during Smartboard activities <p>_____ is fully potty trained but does require assistance when buttoning/unbuttoning, snapping/unsnapping and pulling down/pulling up her underpants/shorts/pants/jeans</p> <p>Occupational Therapy Evaluation shows delays in fine motor skills</p> <p>Physical Therapy Functional Evaluation shows delays in gross motor skills</p> <p>Speech Therapy continues to see articulation errors and decreased intelligibility in connected speech.</p> <p>Speech 4/22/13 SPAT-D II SS <40, 23 errors in single words initial errors: d/g, b/v, f/voiceless 'th', d/voiced 'th', 'sh/s', 'j/z, d/'j', w/r medial errors: omission of voiceless 'th', w/voiced 'th', d/l final errors: f/voiceless 'th', 'zh/z blend errors: 'sh/sw, s/sn, 'sh/sl, 'sh/st, b/br, 'ch/tr, t/kr, d/dr, f/fl, b/bl</p> <p>Response Recording: /g/ initial position: 79% /g/ medial position: 73% /k/ initial position: 70% /k/ medial position: 74%</p>	<p>_____ is a five-year old female that has received speech services, occupational therapy services, physical therapy services and a placement in the developmental delay classroom from the Piedmont Public Schools since her third birthday. _____ is happy and outgoing. She can be stubborn at times if she does not get her way. She has a very determined and driven spirit and a great sense of humor. She is easily distracted and can be unfocused at times. _____ does have seizures and is taking medicine to address them.</p> <p>_____ shows delays in the area of articulation. Her articulation is characterized by omissions of final consonants in conversation along with some substitutions and consonant cluster reduction on the single word level.</p> <p>_____ shows delays in her gross motor skills. She has difficulty with balance when walking. _____ presents with delays that affect her gross motor skills and access to the school environment.</p> <p>_____ shows slight delays in her cognitive skills. This makes it difficult for her to follow procedures and participate in school related individual and group activities.</p> <p>_____ shows delays in her fine motor abilities, bilateral upper extremity motor control and her visual-motor skills. These skills effect her ability to function fully at her present age level.</p>

Initial IEP Date: _____ Interim IEP Date: _____ Subsequent IEP Date: 04/24/13

IEP – Strength/Needs, Special Factors, and Parent Concerns Page

NAME OF CHILD: ██████████

STUDENT ID: 04044

FIRST/MIDDLE/LAST

<p>List strengths of the child and a statement of the anticipated effects on the child's participation in the general education curriculum or appropriate activities.</p>	<p>List the educational needs resulting from the child's disability, which may require special education, related services, supplementary aids, supports for personnel, or modifications.</p>
<p>Strengths: ██████████ has good receptive language skills, adaptive skills and social skills. She is a hard worker and has excellent parental support.</p>	<p>Fine motor Skills Gross Motor Skills Articulation Cognitive Skills</p>
<p>Anticipated Effects: ██████████ will continue to make progress in the areas of fine and gross motor skills, cognitive and in the area of articulation due to her hard work.</p>	

Consideration of special factors: Check yes or no whether the IEP team considers each special factor to be relevant to this child.

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Strategies, positive behavior interventions and supports, as appropriate, if behavior impedes learning of self or others
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Language needs as related to the IEP for a child with limited English proficiency (LEP)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Instruction and use of Braille if child is blind or visually impaired, unless determined inappropriate based on evaluation.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Communication needs, and for child who is deaf or hard of hearing, the language and communication needs and opportunities for communication and instruction in the child's native language and communication mode
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Whether this child requires assistive technology devices and service

For special factors checked yes, explain determinations of the team as to whether services are required in the IEP. Please see attached Appendix A concerning Assistive Technology Needs.

Parent Concerns for Enhancing the Child's Education:

Ensure ██████████ is r/c the most inclusive environment as possible. Assist with transition between activities. Use of walker on a as needed basis only.

IEP – Services Page

NAME OF CHILD: [REDACTED]
FIRST/MIDDLE/LAST

STUDENT ID: 04044

Special Education Services: List each special education service.					
Type of Service(s)		Amount of Services (Time and Frequency)	Starting Date	Ending Date	Person Responsible (Title)
Direct instruction in the special education classroom		3.5 hour(s) per Week	4-24-13	4-24-14	Special Education Teacher

Related Services: List each related service necessary for the child to benefit from special education.					
Type of Service(s)	Location of Services	Amount of Services (Time and Frequency)	Starting Date	Ending Date	Person Responsible (Title)
Occupational Therapy	Special Classroom	30 mins per Week	4-24-13	4-24-14	Occupational Therapist
Physical Therapy	Special Classroom	4 hours per quarter	4-24-13	4-24-14	Physical Therapist
Speech-Language Therapy	Other:	15 hour(s) per Semester	4-24-13	4-24-14	Speech/Language Pathologist

Provide an explanation of the extent, if any, to which the child will not participate with nondisabled children in the general education curriculum or age appropriate activities:
[REDACTED] will not participate with her nondisabled peers when she receives PT, OT, Speech and attends the special education classroom for instruction.

The continuum of placements for the least restrictive environment (LRE) includes regular classes full-time, special classes part-time or full-time, public/private separate day school facility, public/private residential facility, home instruction/hospital environment, correctional facility, or parentally placed in private schools. For preschool children (aged 3 through 5), the continuum includes early childhood program, special education program, residential facilities, home, service provider location.

Continuum of Placement: B1 Age 3-5 - Special Education Program: Separate Class

Amount of time in general education setting: 3.50 of 7.00 hours per day or 50.00 % of instructional day.
If block schedule, describe:

Is this child's instructional day the same length as nondisabled peers? Yes No
If no, describe the reason(s) for a shortened school day:

<input checked="" type="checkbox"/> Regular PE <input type="checkbox"/> Adapted PE <input type="checkbox"/> NA If not applicable provide justification:	List modifications necessary for this child to participate in regular PE (specially designed adapted PE, if needed, must be addressed on the IEP):
--	--

Supplementary aids and services, program modifications and/or supports for personnel in general education or other education-related settings not otherwise addressed as special education or related services:

Supplementary aids and services: A paraprofessional will accompany [REDACTED]	Location/Class/Settings Everywhere in the school, playground and field trips.
Program modifications:	Location/Class/Settings
Supports for personnel:	Location/Class/Settings

IEP – Goals and Objectives Page

NAME OF CHILD: [REDACTED]
FIRST/MIDDLE/LAST

STUDENT ID: 04044

Annual Goals:

Provide measurable annual goals, including academic and functional goals to enable the child to be involved in and make progress in the general education curriculum (for a preschool child in the appropriate activities), and to meet other educational needs that result from the disability.

Short-term Objectives or Benchmarks: In addition to Annual Goals, provide at least two short-term objectives or benchmarks per goal for children who take alternate assessments aligned to alternate achievement of the standards.

GOAL # Cog.

[REDACTED] demonstrates positive attitudes, habits, and learning styles with 80% accuracy.

SHORT-TERM OBJECTIVE/BENCHMARK # 1

[REDACTED] will demonstrate self-direction and independence with 80% accuracy.

SHORT-TERM OBJECTIVE/BENCHMARK # 2

[REDACTED] will identify both uppercase and lowercase letters and their sounds with 80% accuracy.

ESY 2013

SHORT-TERM OBJECTIVE/BENCHMARK # 3

[REDACTED] will identify numbers 1-30 and understand the one-on-one correspondence with 80% accuracy.

ESY 2013

SHORT-TERM OBJECTIVE/BENCHMARK # 4

[REDACTED] will choose an activity and remain focused and on task until completed with 80% accuracy.

Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe how often this will occur and what methods will be utilized.

	Progress Report
Semester	

Record the extent of progress toward achieving the annual goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).

DATE	DATE	DATE	DATE	DATE (ESY)

How will the extent of progress toward annual goals be measured?
Demonstration/Performance

COMMENTS:

IEP – Goals and Objectives Page

NAME OF CHILD: _____
FIRST/MIDDLE/LAST

STUDENT ID: 04044

Annual Goals:
Provide measurable annual goals, including academic and functional goals to enable the child to be involved in and make progress in the general education curriculum (for a preschool child in the appropriate activities), and to meet other educational needs that result from the disability.

Short-term Objectives or Benchmarks: In addition to Annual Goals, provide at least two short-term objectives or benchmarks per goal for children who take alternate assessments aligned to alternate achievement of the standards.

GOAL # OT
Using age appropriate activities, _____ will improve fine motor, visual-perceptual-sensory motor and bilateral coordination skills by accomplishing the objectives listed below at the level of accuracy stated.

ESY
2013

SHORT-TERM OBJECTIVE/BENCHMARK # A-B

- A. _____ will use a tripod grip with her left hand to hold crayon, marker or pencil and will copy directional lines, cross and square and write her first name and the capital letters of the alphabet with good formation on 4 of 5 trials
- B. _____ will participate in bilateral hand activities including pop-beads, buttoning, lacing, tying using both right and left hands to increase use of right upper extremity each OT session.

SHORT-TERM OBJECTIVE/BENCHMARK # C-E

- C. _____ will complete visual motor activities to increase eye-hand motor control with 80% accuracy on 4 of 5 trials
- D. _____ will participate in tactile and fine motor activities with no more than 2 reminders to attend to and complete tasks on 3 of 4 trials.
- E. _____ will complete self-care/dressing activities including buttons, zippers, snaps, laces and donning/doffing coat/shoes on 3 of 5 attempts to be more successful in classroom tasks.

SHORT-TERM OBJECTIVE/BENCHMARK # F

- F. _____ will participate in a variety of body and trunk control activities for 5 to 10 minutes per session without fatigue on 3 of 4 attempts

SHORT-TERM OBJECTIVE/BENCHMARK # G

- G. _____ will participate in at least 2 sensory strategies to increase her self-regulation skills and attention to tasks 2 - 5 times each day as observed by classroom teacher.

Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe how often this will occur and what methods will be utilized.

Record the extent of progress toward achieving the annual goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).

Semester	DATE	DATE	DATE	DATE	DATE (ESY)

How will the extent of progress toward annual goals be measured?
Demonstration/Performance
Work Samples

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COMMENTS:
Occupational Therapy will be provided 4 hours per quarter to assist _____, her teacher and parents in the areas listed above. OT will be provided in the class or in the OT classroom, individually, in a group setting, or by consultation to the teacher.

2013-2014 School Year, IEP: 04/24/2013

IEP - Signature Page

NAME OF CHILD: [redacted] FIRST/MIDDLE/LAST

STUDENT ID: 04044

State and Districtwide Assessment Programs

Child will participate in: [X] Oklahoma Core Curriculum Test (OCCT) [] Alternate Assessment (OAAP or OMAAP)
If the child is participating in alternate assessment, has the IEP team considered the guidelines for participation in alternate assessment?
[] Yes [] No If no, explain why:
If the child is participating in an alternate assessment, how will the child be assessed? [] OAAP Portfolio [] OMAAP
If the child is participating in OMAAP, list each subject for which the child will participate.
School Year Subject(s): [] Mathematics [] Reading [] Science [] U.S. History [] English II [] Biology [] Algebra
Specify state approved accommodations used in each test administration.
Not age appropriate at this time

Extended School Year (ESY) Services

ESY Services: [] Requires further data; will reconvene by [X] are necessary [] are not necessary
If necessary, describe services provided:

Documentation of LRE Placement Considerations

Describe continuum of placements considered and reasons determined not appropriate:
A full time special education placement is too restrictive for [redacted] needs at this time-a part time special education placement will meet her needs.
A full time regular education placement does not meet [redacted] needs at this time-she needs services from OT, PT and speech services.
Is this placement in the school the child would normally attend if nondisabled? [X] Yes [] No
If no, is the placement as close as possible to the child's home? [] Yes [] No
If no, explain why the IEP requires other arrangements:

Explain considerations of potential harmful effects on the child or the quality of services needed:
Rebecca will miss miss some regular education programming when she receives her related services and when she attends the special education classroom for reteaching.

When special classes, separate schools/facilities, or other removal from the general education environment occurs, describe how the nature and severity of the disability is such that education in general education classes, with the use of supplementary aids and services, cannot be achieved satisfactorily:

Even with the use of supplementary aides and services in the regular classroom, [redacted] needs can not be fully met, [redacted] delays require OT services, PT services, speech services and reteaching in the special education classroom for academic and developmental success.

Date of next IEP 03/30/12 04/24/14 Date of next 3 year reevaluation 10/26/13
FROM INITIAL / FROM INTERIM / FROM SUBSEQUENT FROM INITIAL / FROM REEVALUATION

Team Participant Signatures:

Parent(s) [redacted] Date 4-24-13 [X] Agree [] *Disagree
Special Education Teacher [redacted] Date 4-24-13 [] Agree [] *Disagree
Regular Education Teacher [redacted] Date 4/24-13 [X] Agree [] *Disagree
Administrative Representative [redacted] Date 4-24-13 [] Agree [] *Disagree
Student [redacted] Date [redacted] [] Agree [] *Disagree
Other [redacted] Date 4/24/13 [X] Agree [] *Disagree

*Team members who disagree may submit separate statements presenting their conclusions. (Complete Comment Form as necessary.)

If parent(s) did not attend the IEP meeting, explain other methods to ensure parent participation (and/or child as appropriate):
(e.g., Conference call, videoconference, home visit)

Parents have protection under the procedural safeguards. Translation/Interpretation needed: [] Yes [X] No

Parents have received Parents Rights in Special Education: Notice of Procedural Safeguards If yes, specify how provided.

[X] Yes [] No Brochure
Parents have received Parent Survey form and business reply envelope: Parent Initial [redacted]

Parent consent for initial placement (consent is voluntary and may be revoked at any time) [] Yes [] No

Parent Signature: Date:

Initial IEP Date: Interim IEP Date: Subsequent IEP Date: 04/24/13

Assistive Technology Consideration Checklist

Student: [REDACTED] School: Piedmont Primary School

1. Please check the instructional or access areas in Column A that are appropriate for the student. Please leave blank any areas, which are not relevant to the student. Specify all relevant tasks (e.g. copying notes from board) within each area in the space provided.
2. Place a check in Column B if the student is able to independently complete the tasks selected in Column A. For areas in which the student can complete the task independently, it will not be necessary to complete Columns C-F.
3. If the student is able to complete the tasks specified in Columns A with modifications/accommodations, standard classroom tools, or assistive technology devices in place, describe in Columns C, D, and E.
4. If the student is not able to complete specified tasks independently or with modifications/ accommodations or technology, complete Column F.

A Instructional or Access Area Specify all relevant tasks within each of the areas below that the student is required to perform.	B Independent	C Modifications Accommodations	D Standard Classroom Tools	E Assistive Technology Tools Currently Available	F Additional Technology Needed
<input type="checkbox"/> Writing	<input type="checkbox"/>				
<input type="checkbox"/> Spelling	<input type="checkbox"/>				
<input type="checkbox"/> Reading	<input type="checkbox"/>				
<input type="checkbox"/> Math	<input type="checkbox"/>				
<input type="checkbox"/> Study Skills	<input type="checkbox"/>				
<input type="checkbox"/> Oral Communication	<input type="checkbox"/>				

A Instructional or Access Area Specify all relevant tasks within each of the areas below that the student is required to perform.	B Independent	C Modifications Accommodations	D Standard Classroom Tools	E Assistive Technology Tools Currently Available	F Additional Technology Needed
<input checked="" type="checkbox"/> Aids to Daily Living	<input type="checkbox"/>	Adult supervision when toileting & in lunchroom		Accessible bathroom with safety bars	
<input checked="" type="checkbox"/> Recreation & Leisure	<input type="checkbox"/>	Adult supervision on playground equipment		Adaptive swing on playground	
<input type="checkbox"/> Pre-Vocational/Vocational	<input type="checkbox"/>				
<input checked="" type="checkbox"/> Seating & Positioning	<input type="checkbox"/>			seat insert for stability	
<input checked="" type="checkbox"/> Mobility (including orientation & mobility or travel training)	<input type="checkbox"/>		personal AFOs		Walker for safety when in playground, halls & crowded areas
<input type="checkbox"/> Other Specify:	<input type="checkbox"/>				

Specify any assistive technology services required by this student.
 2012-2013 notes: A walker was requested from the school due to concerns about Rebecca's safety. Rebecca used her walker (even her request) almost always when she walked the hallways and went to the playground. She loved using it and it really helped with stability. In the spring of 2013, she had her leg casted several different times and a wheelchair was requested from the school because she was unable to use her walker. The wheelchair was used in the hallways and transferring her to and from the car.

Consideration Checklist Completed by: _____ Position _____ Date _____

_____ Position _____ Date 4-24-13

_____ Position _____ Date 4/24/13

_____ Position _____ Date 4-24-13

_____ Position _____ Date 4-24-13

- References:
- Central Instructional Support Center (1996). *A Focus on Accommodations for Learning*. Harrisburg, PA
 - Missouri Assistive Technology Initiative (1998). *IEP Consideration of Assistive Technology*. Independence, MO
 - Wisconsin Assistive Technology Initiative (1998). *Assistive Technology Consideration Guide*. Amhurst, WI
 - Zabala, Joy (1996). *Get SETT for Success in Assistive Technology*. Featured Presentation, Southeast Augmentative Communication Conference, Birmingham, AL

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PIEDMONT PUBLIC SCHOOLS
SUMMER 2013

EXTENDED SCHOOL YEAR (ESY)
POLICIES AND PROCEDURES
FOR STUDENTS WITH DISABILITIES

Consideration for Extended School Year Services

STUDENT: [REDACTED] BIRTH DATE: 4-4-08
SCHOOL: Primary GRADE: Pre-K
DATE: 3-28-13 TEACHER: Mrs. [REDACTED]

The following information may be completed by the IEP team during the annual IEP Review or any time the need for ESY services is being considered by the IEP team to ensure a free appropriate public education (FAPE). Documentation should be considered and maintained in the child's individual special education records.

1. Skill areas and annual goals being considered:

List/explain: Cognitive gross motor
communication

2. Nature and Degree of the child's impairment:

Current Disability: Dev. Delayed
Degree of Impairment: Mild X Moderate X Severe mild to moderate
Describe/explain: delays to affect his
classroom performance

3. Degree of regression and the time necessary for recoupment of skills:

a. Documented degree of regression in the past:
Mild Moderate ✓ Severe Documentation not available

(Is there evidence of severe skill regression during breaks in programming? Is there evidence of progress or lack of progress during the regular school year?)

Documentation source/basis: Christmas break
spring break

b. Documented amount of time required for recoupment of skills in the past:
3 to 4 weeks Documentation not available

c. Predicted degree of regression during interruption of child's educational program:
Mild Moderate ✓ Severe

d. Predicted amount of time required for recoupment at the beginning of each school year if this child does not receive ESY services:
4 to 6 weeks

NOTE: There is no precise measure of the amount of time which, if lost through regression and limited recoupment, necessarily dictates that the child receive ESY. However, the courts define regression as that which may lead to an irreversible withdrawal from the learning process or "irreversible loss of progress".

4. The ability of the student's parents to provide educational opportunities at home and in the community: See list of suggested activities for specific skills)
Above average _____ average Below average _____ Inadequate _____

Comments: _____

5. The child's rate of progress (when compared to other children with the same or similar disability)

Above average _____ average _____ Below average Inadequate _____
Comments on IEP annual goals and progress: _____

6. Explain any behavioral and/or physical problems which the child has:

~~_____~~ uses a walker to access the school grounds when needed

7. Availability of alternative resources for services for this child: (Are there activities within the community which address these issues and are accessible by the parent?)

average - dance, trips, VBS

*The responsibility of providing ESY services is a shared one. The team may explore other resources for providing services, including parents. The student's needs may be satisfied by another community program, by services directly available to the parents through another agency or by providing training to the parents so they can provide the necessary services for the child themselves.

8. The ability of the child to interact with children who are not disabled: (When compared to other children with the same or similar disability)

Above average _____ Average Below average _____ Inadequate _____
Comments on IEP determination for least restrictive environment: _____

9. Are there areas in the student's curriculum, which require continuous attention? (Describe areas and document why they require continuous attention)

cognitive communication
gross motor

10. Does the child have vocational needs which require ESY services?

N/A

11. Whether requested service(s) is "extraordinary" for this child's disability, as opposed to an integral part of a program for those with the child's disability:
Yes _____ No ✓

12. Other relevant factors as determined by the IEP team:

The IEP team has determined ESY services are necessary for the provision of FAPE to this child.

YES ✓ NO _____

Goals and objectives/benchmarks to be addressed by the necessary ESY service(s) will be in accordance with the Individualized Education Program (IEP)/IEP Review by the IEP Team. The type, amount, or duration of ESY services will be determined by the IEP Team on an individual basis and not based on particular categories of disability.

IEP Team Members participating in review of existing data for ESY:

[Redacted] 3-28-13
Parent(s) Date

Student (as required) Date

[Redacted] 3-28-13
Special Education Teacher Date

[Redacted] 3-28-13
Administrative Representative Date

[Redacted] 3/28/13
Regular Teacher Date

Related Service Provider(s) Date

Others (name and title) Date

**Piedmont Public Schools
EXTENDED SCHOOL YEAR (ESY)**

Student's Name: _____
 Date of Birth: 04/04/08
 Site enrolled during school year: Primary

Review the current IEP and determine the skill area(s) that need to be addressed during ESY with the IEP team members. Below is/are the service(s) that the IEP team agreed upon for ESY:

Skill Area(s) Addressed and Position or Agency Responsible	Amount of Service(s) Necessary	Beginning and Ending Dates for ESY Service(s)	Additional Comments to Assist ESY Staff Implementing Service(s)
gross motor skills-physical therapist	2X in June for 30 mins.	June 3 rd 10:15am - 10:45am June 10 th 10:15 am - 10:45am	
articulation and expressive language-speech therapist	30 mins 2X per week	June 3,4,5,6,10,11,12,13,24,25,26 & 27 July 1, 2,3,8,9,10 & 11	
cognitive skills-special education teacher	8:00a.m.-10:00a.m. 4X per week for 5 weeks	See above dates	
occupational therapy	5X once per week for 30 mins.	June 3, 10, 24 July 1, 8 and July 3, 10, 24	No School 7-4-2013

See attached goal(s) & objective(s) to be addressed during ESY. Highlight only those goals and objectives to be addressed during ESY. When ESY services are determined to be necessary, then they are offered only for the amount of time and frequency noted on this document. Your signature indicates you participated in determining the type, amount, and duration of those service(s) for ESY.

Signature: _____	Title: Sp. Ed. Teacher	Date: 3-28-13
Signature: _____	Title: Parent	Date: 3-28-13
Signature: _____	Title: administrator	Date: 3-28-13
Signature: _____	Title: _____	Date: 3/28/13

Transportation needed during ESY: Yes No