|  |
| --- |
| **Extended School Year** |

**Extended School Year Services:**  [ ]  needed [ ]  not needed [ ]  to be determined by (Date)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal(s) #** | **\*Type of Service** | **Beginning Date****mm/dd/yy** | **Ending Date****mm/dd/yy** | **Minutes****Per Week** | **\*\*Based on**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| \* Instruction, related services (specify), other (list)\*\* Regression/Recoupment, Emerging Skills, or Maintenance of Critical Life Skills |