



CONFIDENTIAL

Fairfax County Public Schools
 Individualized Education Program
Extended School Year

DRAFT UNTIL IEP
 IS SIGNED

Student Name _____ ID# _____ Date of meeting _____

Summarize the IEP team's discussion and supporting documentation regarding the need for ESY services:

Goal(s) and/or Short Term Objective(s) (IEP teams should consider revising the annual goal and/or short-term objectives, criteria and timeframe to accurately reflect the student's needs during ESY.)	How will progress be measured?

At this time, the IEP team cannot finalize ESY Services due to insufficient information.

Identify the Extended School Year service(s) needed to meet the goal(s) listed above:

Service	Hours of Special Education Service in General Education Settings	Hours in Special Education Setting Only	Frequency		Begin Date	End Date
			Weekly	Monthly		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
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			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.