

Hancock County Schools

ESY Plan

Student Name: _____ Birthdate: _____
Grade: _____ School: _____
Date: _____ WVEIS: _____

***To be completed by Special Education Teacher of Record:**

Please list **all** critical skills: condition, behavior, evaluation procedure/criteria as designated on previous school year's IEP.

***Baseline Information:**

This is the end of the school year data, where the student is CURRENTLY performing with the skill. The TOR fills this data in before sending this form to the Special Ed. Dept.

Endpoint progress:

This is filled in by the ESY teacher. At the end of ESY copies are sent to the parent and to the special education dept. We will forward a copy of the plan to TOR in August for filing in the school record.

***1. Critical Skill:** _____

*Baseline: _____

Endpoint Progress: _____

***2. Critical Skill:** _____

*Baseline: _____

Endpoint Progress: _____

***3. Critical Skill:** _____

*Baseline: _____

Endpoint Progress: _____

***4. Critical Skill:** _____

*Baseline: _____

Endpoint Progress: _____ (Attach additional page if needed for critical skills).

Related Services Baseline Information:

This portion is filled out by the THERAPIST before sending the form to the Special Ed. Dept. This is the end of the school year data, where the student is CURRENTLY performing with the skill. The endpoint progress is filled in by the ESY therapist. At the end of ESY copies are sent to the parent and to the special education dept. We will forward to TOR in August for placement in the special education file.

***Related Services (as applicable):**

1. Speech:

*Critical Skill: _____

*Baseline: _____

Endpoint Progress: _____

2. Physical Therapy:

*Critical Skill: _____

*Baseline: _____

Endpoint Progress: _____

3. Occupational Therapy

*Critical Skill: _____

*Baseline: _____

Endpoint Progress: _____

***Needs:** (check here as applicable to student, provide documentation, materials, and/or plan).

- | | |
|---|--|
| <input type="checkbox"/> Visual Strategies | <input type="checkbox"/> Behavior: FBA/BIP: attach behavior plan in its entirety |
| <input type="checkbox"/> Toileting Plan (or issues) | <input type="checkbox"/> Assistive Technology/Augmentative Devices |
| <input type="checkbox"/> Health Plan | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Academic Supports | <input type="checkbox"/> Preferred Reinforcers and Interests |

Attach information on SPECIFIC critical skills by elaborating on exactly what the student needs to be working on during ESY (ex.: actual sight word list, specific math weaknesses, reading levels).