

# CREATING AN ESY IEP

BEFORE YOU CAN CREATE AN ESY IEP, PLEASE MAKE SURE YOU'VE DONE THE FOLLOWING STEPS:

STEP 1: COMPLETE THE ESY PAGE ON THE STUDENT'S CURRENT IEP.

Special Education Reporting System (SER) - Windows Internet Explorer  
https://serp.doe.louisiana.gov/Ser/IEPForms3/IEPFormsESY.aspx?ID=d71bfb1d-a0d4-450e-b384-bf670485e6e4&sel=6

SER Individualized Education Program | LA Department of Education

IEP Forms 7. Extended School Year Services (ESYS) Validate Amend Submit to SER

System: Recovery School District-LDE Student Name: [REDACTED] Grade: 1st - First add/delete forms to IEP  
Meeting Date(s): 2/7/2014 DOB: [REDACTED] Local Id: [REDACTED]

**ESYS Form**

**ESYS Eligibility Criteria Determination: (Check all that apply)**

- Regression - Recoupment
- Critical Point of Instruction 1
- Critical Point of Instruction 2

**Special Circumstances**

- Employment
- Transition to Part B (Preschool)
- Transition to Post-School Outcomes
- Excessive Absences
- Extenuating Circumstances

**ESY SERVICES**

Begin Date: 6/2/2014

End Date: 6/27/2014

**Note:** On the Instructional Plan page – *ESY Instruction* box must be checked for each goal that will be addressed during ESY. On the Accommodations page the *ESY Instruction* box must be checked. The ESY documentation that prints will include the ESY form, the instructional pages and the accommodations page.

Student's Total Instructional Day (Minutes: 360 )

Student Attends School 5 Day(s) Per Week

Services	Date to Begin	Duration	Indiv / Group	Where student will receive special education services
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125%

**STEP 1 (continued)**

Special Education Reporting System (SER) - Windows Internet Explorer  
 https://serp.doe.louisiana.gov/Ser/IEPForms3/IEPFormsESY.aspx?ID=d71bfb1d-a0d4-450e-b384-bf670485e6e4&sel=6

**SER Individualized Education Program** | LA Department of Education

IEP Forms 7. Extended School Year Services (ESYS) [Validate] [Amend] [Submit to SER]

System: Recovery School District-LDE Student Name: [REDACTED] Grade: 1st - First [add/delete forms to IEP](#)

Meeting Date(s): 2/7/2014 DOB: [REDACTED] Local Id: [REDACTED]

**Note:** On the Instructional Plan page – *ESY Instruction* box must be checked for each goal that will be addressed during ESYS. On the Accommodations page the *ESY Instruction* box must be checked. The ESYS documentation that prints will include the ESYS form, the instructional pages and the accommodations page.

Student's Total Instructional Day (Minutes )

Student Attends School  Day(s) Per Week

	Services	Date to Begin	Duration	Indiv / Group	Where student will receive special education services					
					Regular Class		Community / Home		Special Class	
					Minutes	Sessions	Minutes	Sessions	Minutes	Sessions
delete	Special Education Instruction	6/2/2014	1 ESYS	Both	0	0	0	0	360	4
delete	Special Education Instruction	6/2/2014	1 ESYS	Both	0	0	0	0	270	1
delete	Speech/Language Therapy Services	6/2/2014	1 ESYS	I	0	0	0	0	30	1
delete	Occupational Therapy	6/2/2014	1 ESYS	I	0	0	0	0	15	1
delete	Physical Therapy	6/2/2014	1 ESYS	I	0	0	0	0	15	1
delete	Adapted PE	6/2/2014	1ESYS	Both	0	0	0	0	30	1
<b>Total Number of Minutes in Special Setting per week:</b>										<input type="text" value="1800"/>

**SPECIAL TRANSPORTATION**

No  Yes (pick from the list below or describe)

School Bus  
 curb to curb

125%


**STEP 2: CHECK THE ESY INSTRUCTION BOX ON THE IEP FOR EACH EDUCATIONAL NEED AREA THAT WILL BE ADDRESSED DURING ESY. (SEE RED ARROW)**

Special Education Reporting System (SER) - Windows Internet Explorer  
https://serp.doe.louisiana.gov/Ser/IEPForms3/IEPFormsInstructionalPlan.aspx?ID=d71bfb1d-a0d4-450e-b384-bf670485e6e4&sel=2

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IEP Forms 3. Instructional Plan [Validate] [Amend] [Submit to SER]

System: Recovery School District-LDE Student Name: [REDACTED] Grade: 1st - First [add/delete forms to IEP](#)  
Meeting Date(s): 2/7/2014 DOB: [REDACTED] Local Id: [REDACTED]


Educational Need Area	Academic/Cognitive
Content Area	Mathematics
<input checked="" type="checkbox"/> ESY Instruction 	
<input type="checkbox"/> Targeted for Secondary Transition	

**Present Level of Academic Achievement and Functional Performance**


[REDACTED] is able to recite numbers 1-5, however he is working toward using objects when counting. [REDACTED] is able to sort colors using different objects.

**Measurable Academic/Functional Goal:**

Given a set of 0 to 10 high interest objects and a number line, [REDACTED] will count the number of objects and construct the corresponding numeral in sand, with sticks, or by sculpting play dough with 80 % accuracy

Method of Measurement	Work Samples
Additional Methods of Measurement	Progress Monitoring
Date Goal Achieved	[REDACTED] 

[Update Date Achieved](#)

**Short-Term Objectives / Benchmarks** 

REQUIRED FOR STUDENTS PARTICIPATING IN ALTERNATE ASSESSMENT (LAA1)

125%

**STEP 3: SELECT THE ESY INSTRUCTION BOX ON THE ACCOMMODATIONS PAGE OF THE IEP. (SEE RED ARROW)**

Special Education Reporting System (SER) - Windows Internet Explorer  
https://serp.doe.louisiana.gov/Ser/IEPForms3/IEPFormsAccommodations.aspx?ID=d71bfb1d-a0d4-450e-b384-bf670485e6e4&sel=3


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IEP Forms 4. Accommodations [Validate] [Amend] [Submit to SER]

System: Recovery School District-LDE Student Name: [REDACTED] Grade: 1st - First add/delete forms to IEP  
Meeting Date(s): 2/7/2014 DOB: [REDACTED] Local Id: [REDACTED]

**Accommodations**

IEP TEAM SHOULD CONSIDER THE FOLLOWING BEFORE PLACING A CHILD IN A MORE RESTRICTIVE ENVIRONMENT  
CHECK INDIVIDUAL ACCOMMODATIONS NEEDED

ESY Instruction 

**Environment**

<input checked="" type="checkbox"/> Assign preferential seating	<input checked="" type="checkbox"/> Assign peer tutors/work buddies/notetakers
<input checked="" type="checkbox"/> Provide individualized instruction	<input type="checkbox"/> Provide desktop list of tasks
<input checked="" type="checkbox"/> Provide small group instruction	<input type="checkbox"/> Alter physical room environment
<input type="checkbox"/> Modify student's schedule (describe): [REDACTED]	
<input type="checkbox"/> Other (specify): [REDACTED]	

**Instruction / Materials**

<input checked="" type="checkbox"/> Modify assignments as needed (e.g., vary length, limit items)	
<input type="checkbox"/> Utilize oral responses to assignments/tests (answers recorded)	
<input checked="" type="checkbox"/> Read class materials orally to student	<input type="checkbox"/> Provide daily assignment list
<input type="checkbox"/> Provide study outlines/guides	<input type="checkbox"/> Provide homework lists
<input type="checkbox"/> Provide assistance/cues for transitions between activities	

125%

**ONCE YOU'VE COMPLETED THE STEPS:**

1. CLICK "PRINT" FOR THE STUDENT'S CURRENT IEP.
2. CHECK THE "EXTENDED SCHOOL YEAR SERVICES (ESYS) BOX."
3. CLICK THE "PRINT SELECTED IEP FORMS BUTTON".
4. REVIEW THE ESY IEP BEFORE PRINTING. (BELOW IS AN EXAMPLE OF WHAT THE IEP SHOULD LOOK LIKE)

# EXAMPLE

https://serp.doe.louisiana.gov/Ser/IEPForms3/IEPFormsPrint.aspx?\_EVENTTARGET=&\_EVENTARGUMENT=- W...  
 https://serp.doe.louisiana.gov/Ser/IEPForms3/IEPFormsPrint.aspx?\_EVENTTARGET=&\_EVENTARGUMENT=&\_VIEWSTATE=%

EXTENDED SCHOOL YEAR SERVICES Student Name: [REDACTED] DOB: [REDACTED] Grade: 1st - First CONFIDENTIAL DOCUMENT  
 LOUISIANA DEPARTMENT OF EDUCATION System: Recovery School District-LDE Meeting Date: 2/7/2014 State ID: [REDACTED] Local ID: [REDACTED] Page 1 of 10 Created 2009

**ESYS ELIGIBILITY CRITERIA DETERMINATION (CHECK ALL THAT APPLY)**

Regression-Recoupment  
 Critical Point of Instruction 1  
 Critical Point of Instruction 2

**Special Circumstances**

Employment  
 Transition to Part B (Preschool)  
 Transition to Post School Outcomes  
 Excessive Absences  
 Extenuating Circumstances

**EXCEPTIONALITY** Intellectual Disability - Mild

**ESY SERVICES**

Begin Date: 6/2/2014 End Date: 6/27/2014

**Special Transportation**

No  Yes - Describe School Bus

curb to curb

STUDENT'S TOTAL INSTRUCTIONAL DAY (Minutes): 360  
 Student attends school 5 days per week.

Service	Date to Begin	Duration	Individual / Group	Regular Class		Community / Home		Special Class	
				Minutes	Sessions	Minutes	Sessions	Minutes	Sessions
Special Education Instruction	6/2/2014	1 ESY yr	Both	0	0	0	0	360	4
Special Education Instruction	6/2/2014	1 ESY yr	Both	0	0	0	0	270	1
Speech/Language Therapy Services	6/2/2014	1 ESY yr	I	0	0	0	0	30	1
Occupational Therapy	6/2/2014	1 ESY yr	I	0	0	0	0	15	1
Physical Therapy	6/2/2014	1 ESY yr	I	0	0	0	0	15	1
Adapted PE	6/2/2014	1 ESY yr	Both	0	0	0	0	30	1

Total Number of Minutes in Special Setting per Week: 1800

**PROGRESS REPORT** Progress Report for ESY services will be sent home at the end of ESYS. Total Number of Days Attended ESYS: \_\_\_\_\_

Instr. Plan #	Progress Toward Goals *	IP Reason (If Needed)	Current Data	Comments

\* Progress Towards Goals

NA Not Addressed  
 IP Insufficient Progress - Skill/behavior is not on target toward achieving goal  
 SP Sufficient Progress - Skill/behavior is on target toward achieving goal  
 A Achieved - Skill/behavior is demonstrated consistently over time  
 O Generalized - Skill/behavior is generalized and transferable

**IP Reasons**

1	Frequent Absences/Tardiness
2	Medical/Health
3	Missing Class Assignments
4	Missing Homework Assignments
5	Lack of Preparation - Material Skill Review
6	Behavior Interfering with Progress
7	Lack of Motivation/Participation
8	Other (Identify)

Teacher Signature: \_\_\_\_\_ Date sent to Parent: \_\_\_\_\_

Copies must be sent to Parents  
 Original ESYS forms must be placed in student's IEP folder after ESY services are provided

Done

THIS INFORMATION IS POPULATED FROM THE ESY PAGE OF THE IEP (STEP 1)

## EXAMPLE (continued)

https://serp.doe.louisiana.gov/Ser/IEPForms3/IEPFormsPrint.aspx?\_\_EVENTTARGET=&\_\_EVENTARGUMENT=-W...  
 https://serp.doe.louisiana.gov/Ser/IEPForms3/IEPFormsPrint.aspx?\_\_EVENTTARGET=&\_\_EVENTARGUMENT=&\_\_VIEWSTATE=%

EXTENDED SCHOOL YEAR SERVICES Student Name: [REDACTED] DOB: [REDACTED] Grade: 1st-First CONFIDENTIAL DOCUMENT  
 LOUISIANA DEPARTMENT OF EDUCATION System: Recovery School District-LDE Meeting Date: 2/7/2014 State ID: [REDACTED] Local ID: [REDACTED] Page 2 of 10 Created 2009

**Instructional Plan #1**  
 EDUCATIONAL NEED AREA: Academic/Cognitive  
 CONTENT AREA: Reading  
 ESY Instruction  
 Targeted for Secondary Transition  
 Present Level of Academic Achievement and Functional Performance  
 [REDACTED] is able to identify all letters within his name. He also can identify the color red. [REDACTED] knows all his classmate's name. He can recite the morning school songs and the Pledge of Allegiance.  
 Measurable Academic / Functional Goal  
 By 3/17/2015, when given a list of 10 CVC words (e.g. cat, man, sad) with blocks displaying the individual letters in each of the words and a teacher made activity expectation sheet, [REDACTED] will segment the sounds (e.g. cat) by moving the letters apart correctly scoring 8 out of 10 in 4 out of 5 consecutive trials as measured by teacher-charted observations.  
 Method of Measurement: Charting  
 Additional Methods of Measurement: Progress Monitoring  
 Date Achieved:

**REQUIRED FOR STUDENTS PARTICIPATING IN ALTERNATE ASSESSMENT (LAA1)**  
 MEASURABLE SHORT-TERM OBJECTIVES OR BENCHMARKS (Number each objective or benchmark)

#	THE STUDENT WILL	Date Achieved
1	give students blocks that each have individual letters on them for students to visually see the letter sounds that are represented in the word.	
2	with blocks that have the individual letter sounds represented on them for students to physically separate as they state the letter sounds that are used to make up the word.	
3	provide a sheet of expectations that specifically designates in written and picture form the expected behaviors for students to successfully participate in the sound segmenting activity.	

PERSONNEL RESPONSIBLE FOR IMPLEMENTING GOAL (Check by position)  
 Special Education Teacher  Parent  Speech/Language Pathologist  Regular Education Teacher  Student  Adapted Physical Educator  
 Other Related Service Providers (List: paraprofessional)  
 Other (List):

Copies must be sent to Parents  
 Original ESY's forms must be placed in student's IEP folder after ESY services are provided

Done

*INSTRUCTIONAL PLAN IS POPULATED FROM SELECTING THE ESY INSTRUCTION BOX ON THE EDUCATIONAL NEED AREA OF THE IEP (STEP 2)*

## EXAMPLE (continued)

https://serp.doe.louisiana.gov/Ser/IEPForms3/IEPFormsPrint.aspx?\_EVENTTARGET=&\_EVENTARGUMENT=-W...  
 https://serp.doe.louisiana.gov/Ser/IEPForms3/IEPFormsPrint.aspx?\_EVENTTARGET=&\_EVENTARGUMENT=&\_VIEWSTATE=%

EXTENDED SCHOOL YEAR SERVICES Student Name: [REDACTED] DOB: [REDACTED] Grade: 1st - First CONFIDENTIAL DOCUMENT  
 LOUISIANA DEPARTMENT OF EDUCATION System: Recovery School District-LDE Meeting Date: 2/7/2014 State ID: [REDACTED] Local ID: [REDACTED] Page 9 of 10 Created 2009

**Accommodations** CHECK THE INDIVIDUAL ACCOMMODATIONS NEEDED

**ENVIRONMENT**

**ESY Instruction**

Assign preferential seating  
 Provide individual instruction  
 Provide small group instruction  
 Assign peer tutors/work buddies/note takers  
 Provide desktop list of tasks  
 Alter physical room environment  
 Modify student's schedule (describe) [REDACTED]  
 Other (specify) [REDACTED]

**INSTRUCTION/MATERIALS**

Modify assignments as needed (e.g., vary length, limit items)  
 Utilize oral responses to assignments/tests (answers recorded)  
 Read class materials orally  
 Provide study outlines/guides  
 Provide daily assignment list  
 Provide homework lists  
 Provide assistance/cues for transitions between activities  
 Provide options for students to obtain information and demonstrate knowledge through use of  alternative projects  interviews  oral reports  
 Shorten assignments  
 Modify/repeat/model directions  
 Utilize multi-sensory modes to reinforce instruction  
 Transferred answers  
 Use text/workbooks/worksheets at a modified reading level  
 Alter format of materials on page (type/highlight/spacing)  
 Utilize large print  
 Utilize braille  Utilize graphic/pictorial mode materials  
 Utilize audio/recorded books  Utilize print with magnification  
 Utilize digital formats  Color code materials  
 Other Instruction (specify) [REDACTED]  Other Materials (specify) [REDACTED]

COMMUNICATION ASSISTANCE - related to hearing loss only (describe)  
 [REDACTED]

**TIME**

Increase the amount of time allowed to complete assignments and tests  
 Limit amount of work required or length of tests  
 Allow breaks during work periods, between tasks, during testing  
 Provide assistance/cues for transitions between classes, lockers, and home  
 Other (specify) [REDACTED]

**TESTS/QUIZZES/PROJECTS**

Prior notice of tests  Extra credit options  
 Limited multiple choice  Extra response time  
 Extra time - tests  Simplify test wording  
 Pace long term projects  Hands-on-projects  
 Preview test procedures  Extra time-written work  
 Student writes on test  Tests Read Aloud  
 Objective tests  Individual testing  
 Extra time - projects  Small group testing  
 Rephrase test questions/directions  Transferred answers  
 Test study guide  Answers recorded  
 Shortened tasks  
 Modified tests (describe) [REDACTED]  
 Other (specify) [REDACTED]

**ASSISTIVE TECHNOLOGY**

Digital Recorders  Calculators  Word Processors  
 Manipulatives  Organizers  Adapted toys/games  
 Text-to-speech  FM system  
 Colored reading filters  Communication board/system  
 Eye gaze communication system  Voice output device  
 Adapted grips/utensils/pen/pencil/drawing tools  Voice recognition software  
 Other AT devices (specify) [REDACTED]

NONE

The accommodations bolded on this page match the LEAP test accommodations on the program/services page of the IEP.

Copies must be sent to Parents  
 Original ESY's forms must be placed in student's IEP folder after ESY services are provided

Done

ACCOMMODATIONS ARE POPULATED FROM SELECTING THE ESY INSTRUCTION BOX ON THE ACCOMMODATIONS PAGE OF THE IEP (STEP 3)