

## Extended School Year Services – IEP Attachment

Student Name: \_\_\_\_\_

The IEP team for the above-named student has determined that he/she is eligible for extended school year services because the student would not receive a free appropriate public education without these services.

The concerns that form the basis for this decision are:

Information used to determine the services offered:

The following options were considered and rejected for these reasons:

Other factors that are relevant to this eligibility classification proposal:

**GOALS/SKILLS** from current IEP that will be reinforced/maintained during extended school year period.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### SERVICES

Type	Location	Hours, days, weeks	Who will provide services

#### Written Prior Notice for Free Appropriate Public Education

The IEP team proposes to implement this extended school year program, based on the student's needs. The Procedural Safeguards under Part B of the IDEA you received previously afford you protection. You may request another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student's school.

**Extended School Year Services –IEP Attachment****Notice in Understandable Language:**

Federal regulations require that parents and adult students be provided prior notice in their native language or other mode of communication each time the LEA proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child/you or the provision of a free appropriate public education (FAPE) to your child/you, or upon conducting a manifestation determination.

If the native language or other mode of communication of the parent/adult student is not a written language:

☐ The notice was translated orally or by other means to the parent/adult student in his/her native language or other mode of communication on: \_\_\_\_\_ by: \_\_\_\_\_

☐ Parent/adult student verify to the translator that he/she understands the content of this notice.

\_\_\_\_\_  
Signature of Interpreter, if used

\_\_\_\_\_  
Date

Parent/Adult Student provided with copy of this IEP attachment.