



School-Based Extended School Year (ESY) Services Log: 2018

Student Name: _____ Student ID #: _____

ESY Service Provider: _____ Signature: _____ Date: _____
(Print Name & Title)

Current School: _____ ESY School: _____

ESY Duration Period: _____ ESY Frequency: _____
(Start date - End date)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
June																																
July																																
August																																

E = Entered **Exc** = ExcusedEarly (time) **I** = Tardy **X** = Absent **PC** = Parent Contact* **NS** = No services based on individual ESY frequency

Total # of days in attendance: _____	Absences: _____	Days of week ESY services scheduled: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
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*Parent Contact Log (date, purpose, response):

Attach original to the IEP and place in the cumulative record.

Student: _____

ID #: _____

Service Provider: _____
 (Name) (Title)

ESY services are provided for the maintenance of critical life skills as documented in the IEP. The Following is a summary of the IEP goals designated for ESY services; the student's progress (status report) on the goals and progress towards maintenance of the goals; and the classroom activities and participation notes.

Summary of the Specialized Instruction, Supplementary, and/or Related Services as documented on the student's IEP.	Pre-Status Report (5/18)*	Post-Status Report (7/18)*

Activities	Participation Notes
Week 1	
Week 2	
Week 3	
Week 4	
Other _____ (specify)	

*Status Report Codes:

1. MASTERED 2. ADEQUATE PROGRESS 3. SOME PROGRESS 4. INSUFFICIENT PROGRESS