



School-Based Extended School Year (ESY) Services Log: 2017

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)

Month	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 = Excused Early (time)* */ = 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 : M T W R F

***Parent Contact Log** (date, purpose, response):

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

ESY Participation Notes:

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 (5/17)*	Post-Status Report (7/17)*

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