CESA 8

_____Extended School Year Approval Form

School District of: _____
one district only

Program of Service: _____
(i.e.,HI,VI,SL,OT,PT,etc.) *one service only*

Name of Service Provider: _____

Home Address (where contract letter can be sent): _____

_____

Estimated Start and end date of ESY _____
(i.e. June 20-August 20th?)

Estimated Prep time needed for these Services for all Students Listed below: _____

Name of Students that require Extended School Year and amount of Service:
(i.e. #of times/week @ # of minutes/session – starting and ending dates of ESY Session)

Name of Student	# of times/week @ # of min.	Where Service will be provided and start and end dates:

Attach IEP Form I-15 completed by the IEP Team.

_____ _____
IEP Team Coordinator Date

_____ _____
Director of Special Education Date

_____ _____
LEA Representative Date