

# 2018 ESY STUDENT FOLDER CHECKLIST

\*\*\* This form MUST be attached to the front of every student's folder with the items listed below enclosed within the folders. \*\*\*

Student Name: \_\_\_\_\_ SID# \_\_\_\_\_ Current Grade: \_\_\_ DOB: \_\_\_\_\_

Eligibilities: \_\_\_ ASD \_\_\_ DHH \_\_\_ InD \_\_\_ LI \_\_\_ OI \_\_\_ PT \_\_\_ SLD \_\_\_ VI  
\_\_\_ DD \_\_\_ EBD \_\_\_ HH \_\_\_ OHI \_\_\_ OT \_\_\_ SI \_\_\_ TBI

Boundaried School: \_\_\_\_\_ Assigned School: \_\_\_\_\_

ESY Site: \_\_\_\_\_

Current Setting: \_\_\_ General Education \_\_\_ Special Program Pre K Program \_\_\_

# of Weeks: \_\_\_\_\_ # of Hours Per Day: \_\_\_\_\_ # of Days Per Week: \_\_\_\_\_

Behavior Needs: \_\_\_\_\_

Health Services / Nursing Needs: \_\_\_\_\_

Transportation: \_\_\_ Yes \_\_\_ No Harness: \_\_\_ / \_\_\_ Yes/Size \_\_\_ No Wheelchair: \_\_\_ Yes \_\_\_ No

ESE & Related Services: \_\_\_ Language Time \_\_\_ Speech Time  
\_\_\_ OT Time \_\_\_ PT Time \_\_\_ Counseling Time

\_\_\_ A04 Printout with ESY location added to the summer school field

\_\_\_ **3** printed copies of ESY information from EASY IEP

\_\_\_ ESY Planning Form

\_\_\_ Materials/books and work samples (if not available for April 19<sup>th</sup>/20<sup>th</sup> meeting, must be at the ESY site by May 22, 2017.)

\_\_\_ **2** copies of the Parent Response Letter (Including Emergency Contact Information)

\_\_\_ **2** copies of the Transportation Request Generated from EASY IEP.

\_\_\_ Equipment Property Passes included.

\_\_\_ Photo of Student (For any Pre-K or Special Program Student)

\_\_\_ FBA/PBIP \_\_\_ Yes \_\_\_ No

\_\_\_ Nursing service \_\_\_ Yes \_\_\_ No