

### Planning: 2018 Extended School Year (ESY)

Student: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Student Lunch Number: \_\_\_\_\_

IEP Goal(s) for ESY	Activities (Include reinforcers, best practices, etc.)	Materials/Equipment
<b>Social/Behavior Skills</b> 1. 2. 3.	1. 2. 3.	1. 2. 3.
<b>Independent Functioning/Organizational Skills</b> 1. 2. 3.	1. 2. 3.	1. 2. 3.
<b>Self Help/Daily Living Skills</b> 1. 2. 3.	1. 2. 3.	1. 2. 3.
<b>Communication Skills</b> 1. 2. 3.	1. 2. 3.	1. 2. 3.
<b>Academic/Pre-Academic-Developmental Skills</b> 1. 2. 3.	1. 2. 3.	1. 2. 3.