



Area Special Education Cooperative

1505 Central Ave NW, East Grand Forks, MN 56721

218/773-0315 FAX: 218/773-0924

IEP Team Planning Form for ESY Service Recommendations

Student _____ School _____ Grade _____ Age _____ Date _____

Services

CHECK ALL THAT APPLY:

_____ Skill Maintenance Activities _____
IEP Manager

_____ Skill Maintenance Packets/Kits _____ Estimated Prep Hours: _____
IEP Manager

_____ Estimated Prep Hours: _____
Staff Responsible

_____ Licensed Staff Telephone Consultation _____ Estimated Prep Hours: _____
IEP Manager

_____ Estimated Prep Hours: _____
Licensed Consultant

*Estimated Number of Total ESY Consult Hours _____ From _____ to _____
mo/day/yr mo/day/yr

*Consultation services to _____
Person and/or Agency phone #

_____ Licensed Staff in-person Consultation _____ Estimated Prep Hours: _____
IEP Manager

_____ Estimated Prep Hours: _____

*Estimated number of Total ESY Consult Hours _____ From _____ to _____
mo/day/yr mo/day/yr

*Consultation services to _____
Person and/or Agency phone #

DESCRIPTION OF RECOMMENDED DIRECT SERVICE

_____ Licensed Staff Direct Skill Maintenance _____ Estimated Prep Hours: _____
IEP Manager

_____ Estimated Prep Hours: _____
Licensed ESY Teacher

*Estimated number of Total ESY SKILL MAINTENANCE hours _____ From _____ to _____
mo/day/yr mo/day/yr

*Setting of ESY SKILL MAINTENANCE Sessions _____
Location Address phone #