*Morehouse Parish Schools*

 *ESY Program Design Form*

**STUDENT**: **Age**: \_\_\_\_\_\_\_ **Grade**: \_\_\_\_\_\_\_\_ **SCHOOL**: **TEACHER**:

**Parent/Guardian**: **Current Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**:

**Emergency Contact (EC):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Address of EC** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required)

**Other Documents Needed**: \_\_\_\_\_\_\_ **Individual Health Plan** \_\_\_\_\_\_\_\_ **Behavior Plan** **Other necessary instruction / other information**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check all that apply:**

 **SETTING(S)**

 **DURATION**

 **(# of weeks)**

 **TOTAL INSTRUCTIONAL**

 **TIME (Length of day)**

 **TYPE(S) OF**

 **TRANSPORTATION**

 **# OF DAYS/**

 **DAYS OF WEEK\***

 **TIME OF**

 **DAY\*\***

 Regular School

 Campus

 Home

 Hospital

 Jobsite

 Community

 Other (Describe)

 2

 3

 4

 5

 6

 7

 8

 Minutes per day

 30

 60

 90

 120

 180

 \_\_\_\_ 210

 \_\_\_\_ 240

 Reg. School bus

\_\_\_\_\_\_ Bus with aide

\_\_\_\_\_\_ Bus with lift

 Parent
 reimbursement

 Car Rider

\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_

Address for pick-up/ drop-off
(if different from home address. i.e. Daycare)

 \_\_\_ 1 \_\_\_ M

 \_\_\_ 2 \_\_\_ T

 \_\_\_ 3 \_\_\_ W

 \_\_\_ 4 \_\_\_ Th

 \_\_\_ 5 \_\_\_ F

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 8:00

 8:30

 9:00

 9:30

 10:00

 10:30

 11:00

 11:30

\_\_\_ 12:00

 12:30

 1:00

 1:30

 2:00

 2:30

 3:00

**OTHER SERVICES NEEDED DURING ESYP:**

  **Current Service Provider ESY Provider**  **Minutes / Day/s** **TYPE OF SERVICE**

\_\_\_ **APE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_ Direct \_\_\_ Consultation \_\_\_ Tracking
\_\_\_ **OT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_ Direct \_\_\_ Consultation \_\_\_ Tracking
\_\_\_ **Speech** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_ Direct \_\_\_ Consultation \_\_\_ Tracking

**\* Note: ESYS will be provided in the student’s home / pre-identified location (ex. daycare, library, etc.)**

**\*\* For students who will receive instruction less than five days a week, indicate the preferred day/s each week. THESE DAYS MAY NOT BE GUARANTEED.**

**\*\* Indicate the preferred time for instruction to begin. THESE TIMES MAY NOT BE GUARANTEED.**

If one of the blocks above does not include the specifications necessary to describe the student's ESY Program, contact Teresa Merritt. You should also describe the program requirement and state why it is important to provide service in this way.

 Official date for ESYP to **begin: June**  Official date for ESYP to **end: July (August for Students qualifying under R&R)**

Holidays/ Breaks during ESYP: **July**

Services will resume **July**

Revised 6/14/2021