**If you have students that need ESY and you are providing the services:**

* Complete the attached “Request for Extended School Year Services”.
* Complete the attached “Contract Information”. (An actual contract will be sent at a later date.)
  + Note: If you have one or more paraprofessionals that will be helping with these services, please complete a separate form for each paraprofessional and your own services.

**If you have students that need ESY and someone else is providing services AND you know who that will be:**

* Complete the attached “Request for Extended School Year Services”.
* Ask the individual that agreed to complete the attached “Contract Information”. (An actual contract will be sent at a later date.)
  + Note: if the person providing the service is a paraprofessional, there also needs to be a separate sheet for someone else to “supervise” this time.
* Attach the goals that the individual will service.
* Attach the data sheet that you have that indicates current progress, curriculum materials, etc. (If you cannot send this immediately, please make arrangements to get this to the individual by the last day of school. You will not be reminded, but you will be held accountable to do this.)

**If you have students that need ESY and someone else is providing services AND you do NOT know who that will be:**

* *Notify Sarah in an email as soon as possible who the students are and the anticipated amount of time*.
* Complete the attached “Request for Extended School Year Services”.
* Complete the attached “Contract Information” with any information you know. (An actual contract will be sent at a later date.)
* Attach the goals that the individual will service.
* Attach the data sheet that you have that indicates current progress, curriculum materials, etc. (If you cannot send this immediately, please make arrangements to get this to the individual by the last day of school. You will not be reminded, but you will be held accountable to do this.)

REQUEST FOR EXTENDED YEAR SERVICES

**SUMMER 2015**

# Current Service Provider Click here to enter text. Return by May 1 to Laura Teveldal

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student | Current Grade | Resident District | **Service Needed (i.e. Speech, OT, LD, EBD, ASD, DCD***)* | **Amount of Service Time/ Session** | **Total Number of Sessions** | **TOTAL Service Hours** (typically this is amount of service/session X Total Sessions) | **Will you provide?** (If not, who has agreed or UNKNOWN) | **Setting** (school, home, community) | **Group**  Y/N |
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Anticipated Number of Students Needing Assessments: Click here to enter text.

**Contract Information**

Directions: Based on the students on the attached sheet, please complete the following. If you are servicing multiple locations (B-3 and 3-5 are separate locations), complete a separate form for each site.

Employee: Click here to enter text.

Position:  Paraprofessional ALC Teacher  Targeted Services Teacher

Occupational Therapist  Physical Therapy Assistant  S/L Pathologist

SpEd Teacher

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program:  PALS B-3  3-5 Pathways

ALC  Bridges (ESY) Bridges (Targeted Services)

ATCW Fairmont District  Other Click here to enter text.

Dates of Service: Click here to enter text.

Times of Direct Service: Click here to enter text.

**Certified Staff Only:**

*Round to the next quarter hour:*

|  |  |
| --- | --- |
| Instructional Time in hours | Click here to enter text. |
| Prep Time  *(No more than 20% of instructional time)* | Click here to enter text. |
| Travel Time in hours | Click here to enter text. |
| Assessment Time (ECSE only) | Click here to enter text. |
| **Total Maximum Time Anticipated** | **Click here to enter text.** |

*Note: This is the maximum amount of time that can be claimed on time sheets; however, I do ask that you use your professional judgment and report less time as needed.*

|  |  |
| --- | --- |
| Total Hours of Service | Click here to enter text. |

**Classified Staff:**

One on One  Program (two or more students at a time)

Additional Duties *(i.e. bus duty)* Click here to enter text.

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Individual Submitting Director