

ESY MAINTENANCE INFORMATION

To be filled out by sending teacher

Student Name: _____

Date: _____

School: _____

Teacher: _____

Please indicate baseline for only those goals that the student requires ESY services for.

Goal 1. Baseline level of performance to be maintained...

Goal 2. Baseline level of performance to be maintained...

Goal 3. Baseline level of performance to be maintained...

ESY MAINTENANCE INFORMATION

To be filled out by ESY teacher and returned to sending teacher to put in confidential file

Student Name: _____

Date: _____

ESY School _____

ESY Teacher: _____

Goal 1. Level of performance at the conclusion of ESY.

Goal 2. Level of performance at the conclusion of ESY

Goal 3. Level of performance at the conclusion of ESY

**** This form will be returned to you at the conclusion of ESY to be put in the student's confidential file for documentation.***