**ESY DETERMINATIONS**

**Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Student** | **Determinations by IEP has already been made** | **Grade** | **Length of ESY Services****(ex. Duration of summer, 1 week, 2 weeks)** | **Days of Service****(ex. M, T, W or M-F)** | **Type of service to be provided****(ex. Needs EC & Speech, EC & OT)** |
| **yes** | **no** |
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