*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