

Date: _____

PROGRAM PLAN

(Attachment for the IEP)

Alpena-Montmorency-Alcona Educational Service District 2118 US 23 South Alpena, MI 49707 (989) 354-3101

THIS FORM NEEDS TO BE COMPLETED AND ATTACHED TO IEP/AMENDMENT

Student: _____ DOB: _____ IEP Date:_____

	e of Extended School Year (ESY) is to ensure that significantly jeopardized by the lapse in e3ducat	_	-	=
*evidence *evidence *evidence expected * the natu *changes	m must consider these factors: that without ESY the student is likely to experie that the student has a limited capacity to record that the student will not likely reach a level of so to attain without ESY; the and severity of the disability; and in educational opportunities provided by the pa ed School Year (ESY) program plan must be com	up the lost skills with self-sufficiency that h rents and communit	in a reasonable pe ne/she could other y.	riod of time;
# of IEP	Activity	Frequency	Duration	Special Education Personnel
AG/STIO				
Describe t	he Location of the ESY Program:			
IEP Team	members involved in the development of t	he ESY plan:		
	5)	MET Rep		
District Rep.				
	. Teacher			
Spec. Ed	l. Teacher	Other		