

**AMARILLO INDEPENDENT SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT**

AMARILLO, TEXAS

ARD SUPPLEMENT--EXTENDED SCHOOL YEAR
(only complete if student is eligible for ESY)

NAME OF STUDENT _____

The ARD Committee has agreed that this student is eligible for ESY services during the summer at the end of this current school year for the following area(s) checked below.

_____ Academics _____ Speech/Communication _____ Social/Behavior _____ Related Services

ESY Service Description

Describe the special education services to be provided for each of the area(s) checked above and the amount of time for related services, if needed.

Academic/ Social/Behavior:	_____ Regular ESY Session (3 hrs. per day/ 3 days per wk./ 5 wks.)
	_____ Extended ESY Session (3 hrs. per day/ 4 days per wk./ 6 wks.)
	_____ Other (specify) _____
	_____ hrs per day _____ days per wk _____ number of wks
Speech/Communication:	_____ Total minutes per summer
Related Services:	
Counseling	_____ Frequency/Duration
Occupational Therapy	_____ Frequency/Duration
Physical Therapy	_____ Frequency/Duration
School Health	_____ Frequency/Duration
Other (specify) _____	_____ Frequency/Duration
Transportation:	
Will the student need transportation to the ESY campus?	_____ Yes _____ No
Personal Care Services:	
Will the student continue to need the same personal care services he/she has received during this school year?	_____ Yes _____ No

Student _____ Date of Meeting _____

Medicaid Number _____

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