

Dear Parents or Guardian:

On _____(date) we held an Individualized Education Program (IEP) meeting at the school. At this IEP meeting, we agreed that _____

(child's name)

was eligible to participate in Extended School Year services (ESY). Extended School Year services are special education services that start sometime after the last day of school and end sometime before the start of the new school year.

The Extended School Services (ESY) listed below are scheduled for your child:

| Special Education Services | Frequency | Location |
|----------------------------|-----------|----------|
| 1. | | |
| 2. | | |
| 3. | | |

To provide appropriate ESY services your school district is required to employ qualified personnel. Moreover, the scheduling of the teacher's and therapist's time and travel is critical.

Because family plans or personal commitments change, we are asking for your assistance in assuring that your child will participate in the ESY services identified above.

Please complete, sign, and return the attached Extended School Year (ESY) Participation Form to me by _____(date).

Sincerely,