

ECSE 8th Grade - SUMMER SERVICES FORM
Department of Special Education
Lincoln Public Schools

Year

STUDENT INFORMATION

Student ID Number _____ Student DOB (mm/dd/yy) _____

Student Last Name _____ Student First Name _____

Grade Level This Year _____ School Attended This Year _____ Student Gender: Male Female Ward of State: Yes No

Parent/Guardian Last Name _____ Parent/Guardian First Name(s) _____

Parent/Guardian Address _____ Parent/Guardian Home Phone _____

Mother's Phone (Work) _____ (Cell) _____ Father's Phone (Work) _____ (Cell) _____

Verification (check all that apply): AUT BD DD HI MH:MI MH:MOD MH:S/P OI OHI SLD: Area(s) _____ SLI TBI VI DB Multi

Related Services (check all that apply): OT PT Speech Sign Language/Interpreter Vision Resources

SUMMER SCHOOL SESSIONS

Service No. _____ Service Title _____ Service Times _____ Summer School Site _____

For Community Sponsored Programs, List Title and Location: _____

TRANSPORTATION

Transportation for **Summer Adventure** sessions will be provided ONLY if "YES" is marked on IEP.

Transportation for **ECSE, Behavioral Student Program, Braille Program, and Deaf/Hard of Hearing Program** will be provided for summer services.

Group transportation from designated schools to summer school sites for **Camp Literacy** will be provided if requested.

Transportation Requested: Yes No

Equipment Needed: Car Seat (child weight: _____ lbs) Bumper Seat Seat Belt Wheelchair (type: _____) Chest Harness

Pick-Up Address/Designated School: _____ Drop-Off Address/Designated School _____

I am registering my child for summer services to reinforce skills developed during the regular school year. I understand that staff members on my child's IEP team, in accordance with the Summer Services Catalog, will identify skills to be reinforced and list them on my child's Summer School Information Exchange form. Summer services beyond or different than those provided as part of the LPS summer services program will be provided if a child's IEP team determines, on an individual basis, that the services are necessary for the provision of a free appropriate public education to the child.

I (Do Do Not) wish to have my child's IEP manager contact me to discuss summer services for my child.

Student's IEP Manager _____ School _____

Parent Signature _____ Date _____ Coordinator/Asst. Principal Signature _____

FOR OFFICE USE ONLY: Date Received _____ Entered _____ By _____ Registration _____ Information Exchange _____ Emergency Contact _____

Number of days student attended _____

ECSE 8th Grade - SUMMER SCHOOL INFORMATION EXCHANGE
Department of Special Education
Lincoln Public Schools

_____ *year*

Student Last Name _____ First Name _____ Current School _____ Student No. _____

Birth date _____ Phone _____ Current IEP/IFSP Manager _____

Parent/Guardian Last Name _____ First Name _____ Summer School Building _____

Address _____ Zip _____ Summer School IEP Manager _____

Reading Level _____ Math Level _____

Verification (check all that apply): AUT BD DD HI MH:MI MH:MOD MH:S/P OI OHI SLD: Area(s) _____ SLI TBI VI DB Multi

Related Services: OT PT Speech Sign Language/Interpreter Vision Resources

INFORMATION FROM CURRENT IEP/IFSP		SUMMER SCHOOL REPORT
<i>1. Goals from current IEP recommended for summer, 1-3 in order of priority</i>		<i>1. Goals Completed</i>
<i>2. Objectives</i>		<i>2. Objectives Completed</i>
<i>3. Regular Education Classes Attended During Current Year</i>	<i>Recommended for Summer</i>	<i>3. Regular Education Classes Completed</i>

INFORMATION FROM CURRENT IEP/IFSP	SUMMER SCHOOL REPORT
<i>4. Learning strengths</i>	<i>4. Observed strengths</i>
<i>5. Learning needs</i>	<i>5. Observed needs</i>
<i>6. Behavior management concerns and techniques</i>	<i>6. Observation of behavior</i>
<i>7. Health problems to be alerted to</i>	<i>7. Health problems observed</i>
<i>Comments</i>	<i>Comments</i>
<i>Accommodations</i>	<i>Accommodations</i>
<i>Current Teacher</i> _____	<i>Summer School Teacher</i> _____

For Office Use Only: Copy Sent to Parent/Guardian Original to School Permanent Folder

ECSE 8th Grade - STUDENT ENROLLMENT/EMERGENCY CONTACT INFORMATION - SUMMER SCHOOL

_____ *year* _____

STUDENT INFORMATION _____

Student ID Number _____ Student DOB (mm/dd/yy) _____

Student Last Name _____ Student First Name _____

Grade Level This Year _____ School Attended This Year _____

Student Gender Male Female

Ward of State Yes No

Parent/Guardian Last Name _____ Parent/Guardian First Name(s) _____

Parent/Guardian Address _____
City State Zip

Parent/Guardian Home Phone _____

Mother's Work Phone _____

Father's Work Phone _____

Mother's Cell Phone _____

Father's Cell Phone _____

EMERGENCY CONTACTS *(if parent/guardian cannot be reached)* _____

1. _____ Relationship to Student _____ Phone _____

2. _____ Relationship to Student _____ Phone _____

3. _____ Relationship to Student _____ Phone _____

Physician _____ **Phone** _____

Please list information that is important for your child's health/welfare at school

Parent/Guardian Signature _____ Date _____