

SANTA CLARA COUNTY
OFFER OF FAPE
EXTENDED SCHOOL YEAR (ESY) SERVICES

Name _____ IEP Date ____/____/____

EXTENDED SCHOOL YEAR (ESY)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Extended School Year (ESY):		Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition
Frequency	Duration	Location:	
Extended School Year (ESY):		Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition
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Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition
Frequency	Duration	Location:	

Programs and services will be provided according to where student is in attendance and consistent with the district of service calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.