

REQUESTING EXTENDED SCHOOL YEAR (ESY) SERVICES

Date (include month, day and year)

Name of School District
Street Address
City, State, Zip Code

Dear (name of Special Education Coordinator):

I am writing to refer my child for consideration for extended school year (ESY) services. (Child's name) needs ESY because (explain reasons). I am asking that you schedule an IEP meeting to discuss ESY eligibility for (child's name).

I would also like to have (names of specialists or other staff) attend because his/her/their ideas about the need for ESY will be helpful in determining whether (child's name) is eligible for ESY.

I can arrange to meet with you and the other members of the IEP team on (list days you are available) between (give a range of time, such as between 2:00 and 4:00). Please let me know what time would be best for you.

I look forward to hearing from you within five school days of the date you receive this letter. My daytime telephone number is (give your phone number). Thank you for your help.

Sincerely,

Your Full Name
Street Address
City, State, Zip Code
Daytime telephone number

cc: specialists or other staff