ISD 279 – Osseo Area Schools	EXTENDED SCHOOL YEAR (ESY) *DATA COLLECTION TOOL*

Student: _____ **School:** _____ **Grade**: _

Primary Disability: _____ **IEP Manager**: _____ **Previously received ESY:**   Yes   No

Levels of Functioning based on critical IEP goal(s) (e.g., range of motion, completes two-step directions, reads with accuracy, etc.).

Pre-Break Assessment Date _____	**Post-Break Assessment Date**_____	**Length of Break/Calendar Days** ___ **Recoupment Data Date** _____
Pre-Break Functioning Level	Post-Break Functioning Level	Recoupment Functioning Level
Critical Goal #___		
Critical Objective #___		
Critical Objective #___		
Pre-Break Assessment Date _____	**Post-Break Assessment Date**_____	**Length of Break/Calendar Days** ___ **Recoupment Data Date** _____
Pre-Break Functioning Level	Post-Break Functioning Level	Recoupment Functioning Level
Critical Goal #___		
Critical Objective #___		
Critical Objective #___		
Pre-Break Assessment Date _____	**Post-Break Assessment Date**_____	**Length of Break/Calendar Days** ___ **Recoupment Data Date** _____
Pre-Break Functioning Level	Post-Break Functioning Level	Recoupment Functioning Level
Critical Goal #___		