

**SOUTH LANE SCHOOL DISTRICT**

**ESY Goals & Objectives**

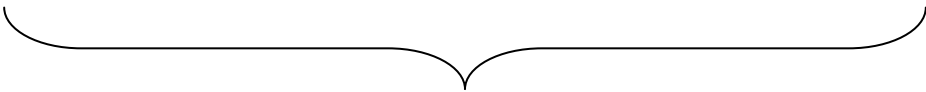
Instructional Information for ESY Provider: Provide information for each objective requiring ESY maintenance service.

Student: \_\_\_\_\_

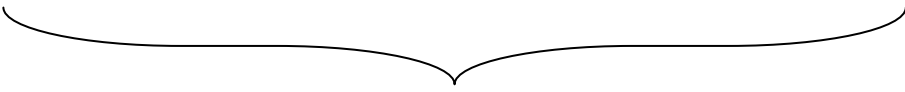
Referring Teacher: \_\_\_\_\_ Summer Teacher: \_\_\_\_\_

Program Dates: \_\_\_\_\_ Number of Days Attended: \_\_\_\_\_

IEP Objective	Instructional Materials (Attach instructional sequence, if teacher made.)	Lesson/ Step	Present Level of Performance	Maintenance Criteria	Criteria Met	Criteria Not Met	Comments



To be completed by IEP Team



To be completed by ESY Program