

2019 EXTENDED SCHOOL YEAR (ESY) AND SUMMER SERVICES INFORMATION WORKSHEET

**TO BE COMPLETED ONLY FOR STUDENTS REQUIRING EQUIPMENT AND ASSISTIVE TECHNOLOGY SERVICES LISTED ON PAGE 2
(DUE DATE – MAY 10, 2019)**

ESY / Summer School Site: _____ **WL#** _____ **Date Submitted** _____

Current School: _____ **WL#** _____ **Contact:** _____ **Phone:** _____

Complete pages 1-5 for students with disabilities attending ESY or Summer Services that need supplementary or related services which require special planning and preparation. Complete a separate form for each school site. ESY/Summer School sites providing services to their current students must also complete this chart. Please email or fax completed pages to the ESE Service Center *and* the District Office by **May 10, 2019**, so that necessary preparations can be made. Use the codes listed on page 2 to complete the equipment and assistive technology columns, as needed.

	Student Name	ID #	Grade Level (2019-2020)	Primary Except.	NURS	Specialized Food Prep.	ITN VI	ITN DHOH	Orient. & Mobility	Adaptive Equipment	Assistive Tech.
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

ADAPTIVE EQUIPMENT AND ASSISTIVE TECHNOLOGY CODES	REFERENCE PAGE 2
SPECIAL FOOD PREPARATION REQUEST	COMPLETE PAGE 3
ASSISTIVE TECHNOLOGY TRANSFER REQUEST	COMPLETE PAGE 4
EQUIPMENT TRANSFER REQUEST	COMPLETE PAGE 5

2019 EXTENDED SCHOOL YEAR AND SUMMER SERVICES INFORMATION WORKSHEET

ADAPTIVE EQUIPMENT AND ASSISTIVE TECHNOLOGY CODES

ADAPTIVE EQUIPMENT	CODES	SPECIFY*	ASSISTIVE TECHNOLOGY	CODES	SPECIFY*
Changing Table	CT		Amplification System	AS	
Lift*	LIFT		Battery/Electrical Access Device	BEAD	
Privacy Screen	PS		Computer Access Device	CAD	
Adaptive Chair	AC		Vision Enhance Equipment	VEE	
Adaptive Toilet	AT		Voice Output Device	VOCD	
Adaptive Toilet Seat	ATS		Writing Access Device	WAD	
Adaptive Feeding Equipment*	AFE		Other*	OTH	
Prone Stationary Stander	PSS				
Supine Stationary Stander	SSS				
Positioning Mat	POS				
Other*	OTH				

**EMAIL OR FAX ALL COMPLETED PAGES TO THE ESE SERVICE CENTER AND DISTRICT OFFICE
ON OR BEFORE MAY 10, 2019**

ESE SERVICE CENTER	NAME	TITLE	EMAIL	FAX
Central	Alfredia Robinson	ESE Instructional Supervisor	alfrediaRob@dadeschools.net	305-756-2135
North	Lisette Robayna	ESE Instructional Supervisor	LRobayna@dadeschools.net	305-827-3026
South at JRE Lee	Iyasell Arrieta	ESE Instructional Supervisor	gigiarrieta@dadeschools.net	786-268-4758
South at Homestead Senior High	Iyasell Arrieta	ESE Instructional Supervisor	gigiarrieta@dadeschools.net	305-242-8433
ESE Charter School	Elena Camacho	Instructional Support Spec.	ecamacho@dadeschools.net	305-995-2049

DISTRICT OFFICE	NAME	TITLE	EMAIL	FAX
Exceptional Student Education	Mary Paz	Executive Director	mpaz@dadeschools.net	305-995-1760

2018 EXTENDED SCHOOL YEAR AND SUMMER SERVICES INFORMATION WORKSHEET

ASSISTIVE TECHNOLOGY

(DUE DATE – MAY 10, 2019)

Complete this page for a student with a disability that requires the transfer and/or coordination of Assistive Technology in order to access ESY or Summer Services. Assistive Technology transfers must be coordinated with the receiving school(s) and the ESE Service Center. Assistive Technology that requires pick-up from S&D must be coordinated with the District ESE Office.

Name of Student: _____

ID#: _____

Current School Site: _____

Mail Code: _____

ESY or Summer School Site: _____

Mail Code: _____

Summer Services

ESY Services (*dates of attendance if other than 07/1/19 – 07/29/19* _____)

ASSISTIVE TECHNOLOGY REQUIRED	DESCRIPTION OF ASSISTIVE TECH	PROPERTY CONTROL NUMBER IF APPLICABLE
Amplification System		
Battery/Electrical Access Device		
Computer Access Device		
Vision Enhance Equipment		
Voice Output Device		
Writing Access Device		
Other* (specify)		

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EQUIPMENT TRANSFER (DUE DATE – MAY 10, 2019)

Complete this page *if* needed equipment is not available at the assigned ESY / summer school site and is required for a student(s) to access ESY / Summer Services. Equipment transfer(s) must be coordinated with the receiving school(s) in collaboration with ESE Service Center and District Office.

EQUIPMENT THAT NEEDS TO BE TRANSFERED*	DESCRIPTION OF EQUIPMENT	PROPERTY CONTROL NUMBER	NUMBER OF STUDENTS REQUIRING THIS EQUIPMENT
Changing Table			
Lift			
Privacy Screen			
Adaptive Chair			
Adaptive Toilet			
Adaptive Toilet Seat			
Adaptive Feeding Equipment			
Prone Stationary Stander			
Supine Stationary Stander			
Positioning Mat			
Other			

MUST BE COMPLETED FOR TRANSFER REQUESTS

LOCATION OF EQUIPMENT IN THE BUILDING*	PICK-UP LOCATION SCHOOL NAME AND LOCATION #	PICK-UP LOCATION CONTACT NAME AND PHONE	DROP -OFF SCHOOL NAME AND LOCATION #	DROP-OFF CONTACT NAME AND PHONE