



DATES: July 8th - August 2nd Monday- Friday

TIME: 8:30 am-11:30 am

LOCATION: Perry Hill School

60 Perry Hill Road

Shelton, CT 06484

Welcome to the Extended School Year or ESY program! We are looking forward to an exciting and educational summer! Our multimodal educational programs are research based and student centered to focus on the needs and interests of the student.

Participation in Extended School Year is determined during the annual review PPT. Students with Special Needs from Pre-K to age 22 can receive various forms of support through the ESY program.

Each ESY staff member is highly qualified and trained in the most up-to-date teaching techniques and strategies to make the most of the time your student is with us. Most of the staff works in the Shelton Public School System during the regular school year. We are lucky to have staff from other districts that join us to teach as well. Services and supports for this program are decided through the PPT process and are not impacted by the students' disability category. Our sole purpose is to help your student maintain skills taught during the school year and begin the 2023-2024 school year in a successful manner.

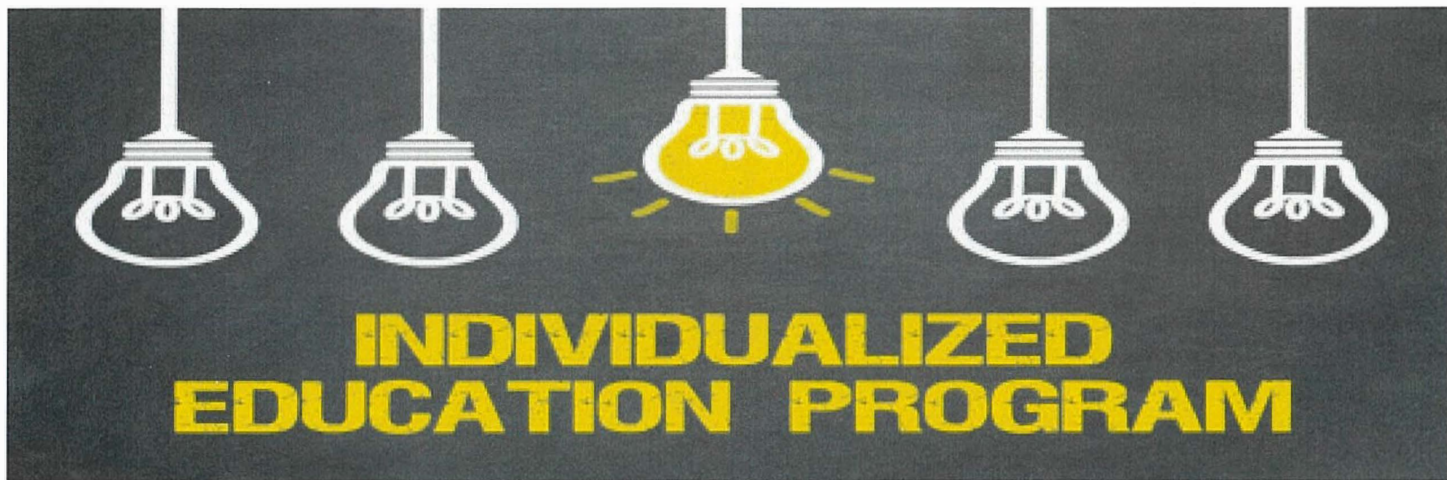
We are looking forward to an exciting Extended School Year. Our teachers and staff cannot wait to work with your child. If you have any questions regarding the Summer Learning Program, feel free to contact me.

Laura Mulligan

Director of Summer Special Education Learning Program

lmulligan@sheltonpublicschools.org

Perry Hill ESY: (203) 924-4002 x 4511



ABOUT EXTENDED SCHOOL YEAR SUMMER LEARNING PROGRAM

Description of Programs Available Through the IEP

Shelton Public Schools offers a wide range of programs and supports for students with special needs. Students in the Extended School Year program or ESY are identified through the PPT process. Extended school year means services provided beyond the length of the regular school year as described in the IEP and is provided at no cost to the parents. Eligibility for ESY must be determined each year for individual students who may be eligible to receive these services. ESY services cannot be limited to children in particular disability categories.

Classroom Information

All classes will run from 8:30 AM to 11:30 AM Monday through Friday. In compliance with Title VI, Title IX, and Section 504 of the Rehabilitation Act of 1973, the Shelton Board of Education does not discriminate on the basis of race, creed, color, national origin, age, sex, marital status, or handicap in establishing and implementing hiring and employment practices and establishing and providing school activities and educational programs.

Transportation

Transportation is offered by the Shelton Public Schools through the PPT process. Case managers will ask you to fill out a Transportation form during the PPT. Please make sure you are very clear about where your student will be picked-up and dropped off at the end of the day. If your student requires any specialized transportation it will be indicated on the Transportation form and in the IEP. If you choose to drive your student to Extended School/Summer Learning Program please follow the signs to Drop-Off and Pick-Up on the side of the building.

If a child arrives late or is being picked up early, the parent must sign the child in/out at the office. A written note must accompany a child if he/she is to be dismissed to a person other than the parent. You will need to ring the buzzer at the door.

Medical Staff

There will be a nurse on staff to administer medications and address any medical concerns that may arise during the school day. If your child will be taking medication during the school day please make sure that your current authorization medication form is dated through July 2023. If not, please fill out the attached form and escort the medication to the school nurse on July 5, the first day of school.



ESY SPECIALIZED INSTRUCTION

Throughout the Extended School Day, students will receive instruction from talented and certified Special Education Teachers. Our well trained teachers analyze and understand the intricacies of an IEP. After interpreting and analyzing your child's IEP, they will develop fun and exciting individual and group activities that support your students IEP goals and objectives. Our main focus is to maintain academic and behavioral skills taught during the school year.



Pre K - Extended School Year

The Preschool Program is for students ages 3, 4, and 5. Participation in this class program is determined through the PPT process. Goals and objectives will be implemented through age appropriate and engaging activities. Throughout the day, students will interact with typical peer models.

Elementary - Extended School Year

Students from Kindergarten to Grade 6 will receive specialized instruction focused on IEP goals and objectives. Students will receive instruction in Literacy, Numeracy and Life Skills as determined by the IEP. Teachers will develop group and individual activities to help your student maintain the skills taught throughout the school year. Classes will be organized by age, grade and ability to allow for smooth instruction and prepare for a smooth transition into the 2023-2024 school year.

Secondary - Extended School Year

Students in Grades 7-12 will receive specialized instruction in Humanities, STEM, Behavior and Life Skills as identified on their IEP. Teachers will analyze your child's IEP and create real-world group and individual activities that will help maintain skills taught in the 2023-2024 school year.



Transition Program

Students in our 18-22 year old program have the amazing opportunity to participate in active life-skills activities within the building and in the community. These real-world adventures combine academic skills with concrete experiences. Participation in this program is determined through the PPT process.

ESY RELATED SERVICES

The annual review PPT will determine if a student qualifies for Related Services. Related services can be, but are not limited to; Occupational Therapy, Physical Therapy, Speech and Language and/or Counseling.

Speech and Language Therapy



Students that receive speech and language as a related service will participate in engaging group and/or individual activities to implement goals/objectives. Our trained and certified Speech Language Pathologist will create and provide various activities, games and experiences to support your student's speech and language needs. Although, Speech and language lessons will be based on goals and objectives some possible lessons may include (but are not limited to) articulation, language,

pragmatics and semantics. Participation in this service is a PPT decision.

Occupational Therapy

Students that receive Occupational Therapy as related services will participate in engaging group and/or individual activities to implement goals/objectives. Our trained and certified Occupational Therapist will create and provide various activities, games and experiences to support your student's fine motor needs. Although Occupational therapy lessons will be guided by goals and objectives, some may include (but are not limited to) pincer grasp, handwriting, posture and sensory integration. Participating in this service is a PPT decision.

Physical Therapy

Students that receive Physical Therapy as related services will participate in engaging group and/or individual activities to implement goals/objectives. Our trained and certified Physical Therapist will create and provide various activities, games and experiences to support your student's gross motor needs. PT lessons will be based on the IEP goals and objectives, however some possible activities may include (but are not limited to) adaptive play, core strength, coordination and balance. Participating in this service is a PPT decision.



Counseling

Students that receive Counseling as a related service will participate in group and/or individual counseling. Our trained and certified PPS Specialist will guide discussion, engage in role play activities and support students. Your student's IEP goals/objectives will guide lessons and provide support for any social, emotional or behavioral needs. Participating in this service is a PPT decision.

ADDITIONAL SUPPORT STAFF

In addition to our amazing teaching staff, we also have Paraprofessionals and Academic Support Tutors supporting our students! These supports can often be described in the meeting notes, recommendations and/or the modification/accommodations page.

Paraprofessionals and Academic Support Tutors will be working in each classroom to support the teacher and the students. These dynamic and supportive professionals play various roles in the ESY program. Some may be assigned as 1:1 support staff, shared support staff or classroom support. These supports are determined by the PPT team at the annual review.



**Academic
Tutoring**

We look forward to a great summer program!

School District: Shelton Public Schools **School** _____ **Grade:** _____

PREScriBER'S AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL

Connecticut State Law 10-212a and Regulations 10-212a-1 through 10-212a-9 require a written order from an authorized prescriber, (physician, dentist, advanced practice registered nurse, physician's assistant, optometrist and for athletic events only, a podiatrist) and parent/guardian's written authorization, for school nurses, or in the absence of a nurse, other designated personnel to administer medications, including over-the-counter drugs.

Medications must be in the original, properly labeled container and dispensed by a physician/pharmacist. Over-the-counter medications must be delivered in an unopened, properly labeled container. All medications must be delivered to school by a responsible adult. Medications can only be administered to the student that they are prescribed for.

Name of Student: _____ **Date of Birth:** _____

Address: _____

Indication(s) for medication: _____ Is this a controlled drug? ☐ NO ☐ YES


DRUG Name: _____ Generic Name: _____ Dose: _____

Route: _____ Time of Administration: _____ If PRN, frequency: _____

Relevant Side Effects: ☐ None expected ☐ (Specify): _____

ALLERGIES: ☐ NO ☐ YES (Specify): _____

Medication shall be administered from: _____ to _____
(up to 12 months from Sept to Aug) Month / Day / Year Month / Day / Year



Prescriber's Name/Title: _____
(type or print)

Telephone: _____ **Fax:** _____

Address: _____

Prescriber's Signature: _____ Date _____

Nurse/or Designated Personnel Signature: _____ **Date** _____

Use for Prescriber's Stamp

PARENT / GUARDIAN AUTHORIZATION

I hereby request that the above ordered medication be administered by school personnel and consent to communications between the school nurse and the prescriber that are necessary to ensure safe administration of this medication. I understand that I must provide the school with no more than a 3 months supply of medication. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or the last day of school, whichever comes first.

Parent/Guardian Signature: X Relationship to student: _____ Date: _____

Parent's Home Phone #: _____ Work #: _____

SELF-ADMINISTRATION OF MEDICATION AUTHORIZATION/ APPROVAL

For capable students with a chronic medical condition, self-administration of emergency non-controlled medications may be authorized by the prescriber and parent/guardian. School nurse approval may be required according to CT State Regulations, Section 10-212-4 and Board policy.

Prescriber's authorization for self administration:

☐ YES ☐ NO _____

Parent/Guardian authorization for self administration:

☐ YES ☐ NO _____

Signature

Date

Signature

Date

School nurse approval/review for self administration:

☐ NR* ☐ YES ☐ NO _____

Revised: 5/11 NR* means not required

Received by _____

Signature

Date: _____

Date

SHELTON PUBLIC SCHOOLS

SCHOOL HEALTH SERVICES

PROCEDURE FOR REQUESTING MEDICATION ADMINISTRATION

If your child requires a *prescription or over-the-counter medication* during the school day or during intramural or interscholastic athletic events, you must follow the procedures required by the Shelton Public Schools, the Connecticut General Statutes, Sec. 10-212a, and the Connecticut Administrative Regulations, Sec. 10-212a-1 through 10-212a-9. These procedures promote safe practices for students and staff. Please read them carefully.

1. An authorized prescriber's (physician, dentist, advanced practice registered nurse, physician assistant or optometrist, or for athletic events only, a podiatrist) written order must be obtained from the parent for each medication that must be administered daily or on an as-needed basis.
2. A new order is required each year and if so prescribed, **may be effective from July 1st through June 30th** of the given year. A medical order dated July 1 of a year will cover summer programs and the upcoming school year.
3. The authorized prescriber must fill in the information requested on the form for prescription and over-the-counter medications:
 - a. **Name** of medication, also the **generic name** of the medication, and strength of the medication;
 - b. Indication(s) for the administration of this medication in school (condition, diagnosis);
 - c. Amount (dosage) of the medication to be administered and route of administration;
 - d. Potential side effects of the medication;
 - e. Time of day that the medication is to be administered; and frequency for PRN (as-needed);
 - f. Duration of the order for administration of the medication (up to 12 months from July through June 30th of the same school year);
 - g. If applicable, authorization for self-administration in school of emergency medication (cartridge injectors or rescue asthma inhalers) for chronic medical conditions or medically-diagnosed allergies.
4. A parent or guardian must sign the "Parent/Guardian Authorization" portion of the form and, if applicable, provide authorization for self-administration in school.
5. The medication must be packaged in the **ORIGINAL PHARMACY CONTAINER**, clearly labeled, with the student's name, the authorized prescriber's name, and the prescription information.
6. The medication and completed authorization form **must be delivered to the school nurse by a**

responsible adult, except that, once the nurse has reviewed the medical order and developed a plan for self-administration, the student is responsible to carry the medication to/from school each day and maintain its safe control at all times.

7. Self administration plans approved for the school day also extend to extra curricular activities and athletics.
8. Self administration of controlled medication is not permitted.
9. No more than a three (3) month supply may be stored at school. **Unused medication must be destroyed** if not picked up by a responsible adult by the end of the last day of school.

Parent/Guardian may come to school and administer the medication themselves.

Thank you for your cooperation.

Please contact the school nurse if you have any questions.