

IBERVILLE PARISH PUBLIC SCHOOLS

**STUDENT INFORMATION SHEET FROM REGULAR
INSTRUCTIONAL TEAM TO ESYP INSTRUCTIONAL STAFF**

STUDENT: _____ SCHOOL _____

ADDRESS: _____ PHONE _____

EMERGENCY PHONE _____

TEACHER (S)/THERAPIST (S): _____ PHONE _____

DIRECTION TO HOME: ATTACH MAP TO THIS FORM

Please write in the following spaces any information you feel the summer teacher may need to know regarding this student's learning style, successful methods of presenting material, and anything else that is needed to provide adequate instruction to this student:

Curriculum Area:

Objective(s) to be addressed (Number and paraphrase):

Materials you are sending to be used in teaching each objective. Place a check beside those materials you wish returned prior to the opening of school. **(Label all materials you want to be returned with your name and school.)**

Related Service (Specify): _____
Name of regular school year provider