

## SERVICES PLAN (SP) FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS

School District: \_\_\_\_\_

SP Meeting Date:	Purpose of SP Meeting :    Initial <input type="checkbox"/>	Annual Review <input type="checkbox"/>	Amendment <input type="checkbox"/>
Student Name:	Date of Birth:	Grade:	School Year:
Eligibility Category(s):		Most Recent Eligibility Date(s):	
Private School:			
Parent(s):			
Address:		Email:	
Phone (home):	(work):	(cell phone):	

### TEAM MEMBERS IN ATTENDANCE

Special Education Teacher:	Parent/Guardian:
Regular Education Teacher:	Student:
School System Representative:	Name/Title:
Private School Representative:	Name/Title:

### SPECIAL EDUCATION SERVICES

Special Education Service(s)/Related Services	Minutes or Segments	Initiation of Service(s)	Duration of Service(s)	Provider Title(s)	Location	
					Regular Education	Special Education

### PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Results of initial or most recent evaluation and results of state and district assessments:
Description of academic, developmental, and/or functional strengths:
Description of academic, developmental, and/or functional needs:
Parental concerns regarding their child's education:
Impact of the disability on involvement and progress in the general education curriculum :

### CONSIDERATION OF SPECIAL FACTORS

- |  |  |
|--|--|
| Does the student have behavior which impedes his/her learning or the learning of others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the student have Limited English proficiency?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the student blind or visually impaired?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the student have communication needs?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the student deaf or hard of hearing?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the student need assistive technology devices or services?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**If yes to any of the above, describe below.**

**TRANSITION PLAN** – If transition services are to be provided to the student (no later than entry into 9<sup>th</sup> grade or by age 16, whichever comes first) attach transition plan to the SP.

**STUDENT SUPPORTS**

To advance appropriately toward attaining annual goals; to be involved and progress in the general curriculum; to be educated and participate with other non-disabled students, the following accommodations, supplemental aids and services, and/or supports for school personnel will be provided.

Instructional Accommodations
Classroom Testing Accommodations
Supplemental Aids and Services
Supports for School Personnel

**ANNUAL GOALS**

Annual Goal: The annual goals are developed to address deficits as described in the present levels of academic achievement and functional performance.	Criteria for Mastery	Method of Evaluation	Progress at Reporting Period			
			1 (Date)	2 (Date)	3 (Date)	4 (Date)

**REPORT OF STUDENT PROGRESS**

When will the parents be informed of the student’s progress toward meeting the annual goals? \_\_\_\_\_

**TRANSFER OF RIGHTS** (Required by age 17): \_\_\_\_\_ was informed on \_\_\_\_\_ of his/her rights, if any, that will transfer at age 18.  
 (Name) (Date)

**RIGHTS WERE TRANSFERRED** (Required by age 18): \_\_\_\_\_ was informed on \_\_\_\_\_ of his/her rights.  
 (Name) (Date)