



SERVICES PLAN FOR PARENTALLY PLACED CHILD WITH DISABILITIES IN A PRIVATE SCHOOL

Student's Name	Initials	Birth Date	Age	Gender M F	Grade	Today's Date
Parent(s) Name		Parent(s) Address			Home Phone	
					Work Phone/Cell Phone	
					Email Address	
Private Elementary or Secondary School		Public School District in Which Student Resides			Public School District Providing Services	
Optional Child Count Information						
Disability Category				Race and Ethnicity		
Optional Proportionate Share Information						
District Total Proportionate Share Calculation: \$				Estimated Cost of Service Plan: \$		
Educational Concerns						
Parents:						
Private School Representative:						
Public School Representative: (Based on information from the most recent Child Study Team meeting)						
Service Delivery Plan Schedule						
Date of Initiation of Services:			Anticipated Duration of Services:			
Description of Service(s) to be Provided by the Public School			Hours Per Week		Location	
Direct Service						
Consultation						
Teacher Training						
Instructional Materials			 			
Equipment			 			
Transportation						

Measurable Annual Goal(s) for Direct Service(s)

Documentation Of Participation In Meeting

The following individuals, as indicated by their signatures, participated in the development of this Services Plan.

Parent/Guardian /Surrogate Date	Date	Parent/Guardian/Surrogate	
Private School Representative Date	Date	District of Service Representative	
Signature/Position	Date	Signature/Position	Date
Other	Date	Other	Date

Notice To Parent Regarding Availability Of A Free Appropriate Public Education (FAPE)

A child with disabilities, enrolled in a private school by a parent, has no right to receive some or all of the special education and related services that would be available if the child was enrolled in the public school. The district in which your child resides will provide free appropriate public education in accord with the Individuals with Disabilities Education Act (IDEA) if your child is enrolled 100 percent of the day in the public school. Please contact _____ at the public school district if you plan to enroll your child in the public school and want an Individualized Education Program (IEP) to provide special education and related services for your child.

Consent for Services As Identified In The Services Plan

I understand and consent to the services described in this Services Plan.

Parent/Adult Student

Date