



PRIVATE SCHOOL SERVICES PLAN

PURPOSE: A Services Plan must be developed and implemented for each private school student eligible for special education who has been designated by the school district to receive special education and/or related services.

Student name: _____ Student ID No.: _____ Birthdate: _____
School district: _____ Meeting date(s): _____
Evaluation date: _____ Eligibility category: _____

Service Plan participants (sign below, including title/role):

General Student Information:

Service Need(s): ☐ Academic/Cognitive ☐ Motor ☐ Behavior ☐ Communication ☐ Self-help ☐ Social ☐ Transition

Present Level of Academic and Functional Performance (as it pertains directly to identified service need(s):

Measurable Academic/Functional Goal(s):

Method of Measurement:

Date Achieved:

Personnel Responsible for Implementing Goal:

Title(s):



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Special Education and Related Services:

Service Area	Initiation Date	Duration	Location	Sessions per Week	Indiv/Group

Transportation (if required):

Accommodations for Classroom:

Supports for School Personnel:

Transition (if appropriate):

Comments (if applicable):

The district assures that the program and service described in the Service Plan will be provided. The schedule for describing the progress towards achievement of the academic and/or functional annual goal(s) will be every _____ weeks, concurrent with the issuance of report cards. Achievement will be documented through the use of Progress Reports.

- ☐ Beginning at least one year before the age of majority, I (my child) have been informed that my (his or her) rights under Part B of the Act will transfer to me (my child) on my (his/her) reaching the age of majority.
- ☐ I understand that IDEA due process hearing procedures do not apply to parentally-placed private school students.
- ☐ **I give consent** for my child to receive these services. I understand when I give consent, it is voluntary, and that while it can be revoked, revocation is not retroactive. This means that the revocation does not undo services that occurred after my consent was given and before my consent was revoked.

Date

Signature of Parent/Guardian/Surrogate Parent/Adult Student

Date

Signature of Officially Designated Representative of District