

**STATE SELPA IEP TEMPLATE
SERVICE PLAN (SP) - PARENTALLY PLACED PRIVATE SCHOOL STUDENTS**

Student Name _____ Date of Birth ___/___/____ Service Plan Date ___/___/____

Grade _____

Parent / Guardian _____

Home Phone _____

Home Address _____

Work Phone _____

City _____

Cell Phone _____

State, Zip _____

Email _____

District where the private school is located _____ District of Residence _____

Home School _____ Private School _____

Private School Phone _____ District of Residence Phone _____

Services The District (LEA) where the private school is located will provide the service(s) below for the student while enrolled in private school or until the proportionate share of federal funds have been expended for the current school year.

Area(s) of need _____

Summary of Present Levels _____

Special Education Service	Frequency	Duration	Location	Start Date	End Date	Service Provider

Student has been found eligible for special education services.

Parent/guardian(s) acknowledge, understand and agree that as a private school child with a disability, there is no individual entitlement to receive some or all of the special education and related services they would receive if enrolled in a public school. Parent/guardian(s) understand that in accordance with the Individuals with Disabilities Education Act (IDEA) 2004, their rights to due process do not apply in the private school setting.

Parent/guardian(s) acknowledge, understand and agree that if they are interested in special education and related services from a public school through development of an individualized education program (IEP), they must contact the DOR; the DOL may not contact the DOR without the express written consent of the parent/guardian(s).

Check one of the following:

Student's parents have declined the district's offer of a Service Plan.

OR

Student's parents have accepted the district's offer of a Service Plan.

Date ___/___/___

Parent Guardian Surrogate Adult Student

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Parent _____

Date ____/____/____

LEA Representative _____

Date ____/____/____

Other _____

Date ____/____/____

As a means of improving services and results for your child did the school facilitate parent involvement? Yes No No Response

- Parent/Adult student has received a copy of the Procedural Safeguards
- Parent/Adult student has received a copy of assessment report (if applicable)
- Parent/Adult student has received a copy of the Service Plan

Next Annual Review Due By ____/____/____

Triennial Review Due By ____/____/____