

**STUDENT SERVICE PLAN FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS**

\_\_\_\_\_ County Schools

**Student's Full Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**PART I STUDENT INFORMATION**

**Student's Full Name** \_\_\_\_\_

**Annual Review Date** \_\_\_\_\_

**Private/Parochial School** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Parent(s)/Guardian(s)** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Service Plan Grade** \_\_\_\_\_

**Address** \_\_\_\_\_

**WVEIS#** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Reevaluation Due Date** \_\_\_\_\_

**Exceptionality** \_\_\_\_\_

**Meeting Type:**             Initial             Annual Review

Reevaluation

Restart the Annual Review  Yes     No

Other \_\_\_\_\_

Restart the Annual Review  Yes     No

Transferred From: \_\_\_\_\_

Transferred Date: \_\_\_\_\_

**PART II: DOCUMENTATION OF ATTENDANCE**

Name	Signature	Position
_____	_____	Parent/Guardian
_____	_____	Parent/Guardian
_____	_____	Student
_____	_____	General Education Teacher
_____	_____	Special Education Teacher
_____	_____	Birth to Three Representative
_____	_____	Chairperson
_____	_____	
_____	_____	

**The following people participated in the IEP Student Service Plan Team meeting via an alternate method:**

Name	Position	Alternate Method
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**PART III: ASSESSMENT DATA****General Summative Assessment Performance Levels**

TEST YEAR	ELA	Math	Science
	Performance Level	Performance Level	Performance Level

**Alternate Assessment Performance Levels**

TEST YEAR	ELA	Math	Science
	Performance Level	Performance Level	Performance Level

**Interim, Formative, Transition and Additional Assessment Data**

Using current, annual data, list the interim, formative and transition assessments that have been used with the student and describe the results and implications for specially designed instruction. This could include data relevant to student behavior, setting demands, work habits/ learning skills, technology skills, workplace skills, independent living skills and performance based assessments. Describe the results and implications for specially designed instruction.

Assessment	Date	Description

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**PART IV: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

**Narrative Descriptions of Present Levels of Academic Achievement and Functional Performance (refer to IEP instructions). Include grade level expectations as well as an impact statement which describes how the student's exceptionality will affect access to the general curriculum. Add pages as needed.**

**Grade Level Expectations:**

**Present Level Statement:**

**Impact Statement:**

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**PART V: ANNUAL GOALS**

(Add pages as needed).

Timeframe	Condition	Behavior	Evaluation Procedure with Criteria	Progress Codes (optional)

**Progress:**

How and when will the student's progress toward the IEP goals be reported to the parent(s)? Specify.

How? \_\_\_\_\_ When? \_\_\_\_\_

Record dates on which Progress Reports have been provided to parents:

\_\_\_\_\_

<b>Mastery Code:</b>	<b>0 = Regression</b>	<b>1 = Maintained</b>	<b>2 = Recouped</b>
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<b>Student Progress Code:</b>	<b>P = Progress Sufficient</b>	<b>IP = Insufficient Progress</b>	<b>A = Achieved</b>	<b>NA = Not Applicable</b>
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**PART VI: SERVICES**

A. Supplementary Aids, Services/Program Modifications	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y
B. Special Education Services	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y
C. Related Services	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y

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**PART VII: PLACEMENT**

**Ages 3-5**

\_\_\_ Service provider location or some other location that is not in any other category

**WVEIS LRE Code**

S

**Ages 6-21**

\_\_\_ Parentally placed in private school (Service Plan only)

**WVEIS LRE Code**

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**Part VIII: CONSENT**

The district and the parent/guardian of the student agree the district has offered the student a free appropriate public education (FAPE). Parents have declined the district's offer of FAPE and instead have placed the student in the \_\_\_\_\_ private school at their own expense. The parents understand the district has no responsibility for the cost of the private school placement. The local education agency (LEA) will provide special education service(s) as outlined in the Student Service Plan for the student while he/she is enrolled in the private school or until the proportionate share of federal funds has been expended for the current school year.

I give my consent to my child's special education placement:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_