

**SERVICE PLAN (SP)
PRIVATE SCHOOL STUDENTS
UNILATERALLY PLACED BY PARENTS**

**SERVICE PLAN
PART I**

STUDENT NAME _____ DOB _____ PPS ID # _____

ATTENDING SCHOOL _____ SCHOOL OF SERVICE _____ GRADE _____

SP MANAGER/TITLE _____ DATE OF NEXT SP MEETING _____

ELIGIBILITY _____ 3 YR RE-EVAL DUE _____ NEXT ANNUAL SP DUE _____
(List primary disability category first)

SPECIAL EDUCATION AND RELATED SERVICES TO BE PROVIDED

Specially Designed Instruction

	Anticipated Amount of Specially Designed Instruction (Per Day, Week, Month, Year)	Projected Dates		
		Initiation	Duration	Anticipated Location
Reading				
Writing				
Math				
Communication (Speech/Language)				

Related Services

	Anticipated Amount of Specially Designed Instruction (Per Day, Week, Month, Year)	Projected Dates		
		Initiation	Duration	Anticipated Location
Transportation				

SP TEAM PARTICIPANTS

Parent/Guardian/Surrogate _____

District Representative _____

Special Educator _____

General Education Teacher _____

Private School Representative _____

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**SERVICE PLAN
PART II**

Page ___ of ___

STUDENT NAME _____ DOB _____ PPD ID # _____

GOAL AREA _____ DATE OF SP MEETING _____

PRESENT LEVEL OF EDUCATION PERFORMANCE: (Includes information about strengths and weaknesses in the goal area and how the student’s disability affects the student’s involvement and progress in the general curriculum.)

Annual Goal: (Measurable goal to enable the student to be involved in and progress in the general curriculum and or meet other educational needs within a year’s time.)

SHORT TERM OBJECTIVE(S)	CRITERIA	EVALUATION PROCEDURES	SCHEDULE FOR REVIEW