

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

**C-Service Plan
Part I**

STUDENT NAME _____ BD _____ PPS ID # _____
 ATTENDING SCHOOL _____ HOME SCHOOL _____ GRADE _____
 SP MANAGER/TITLE _____ DATE OF 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		Anticipated Location
		Initiation	Duration	
<input type="checkbox"/> English				
___ Reading/Literature				
___ Writing				
___ Speaking				
<input type="checkbox"/> Math				
<input type="checkbox"/> Communication (Speech/Language)				

Related Services

	Anticipated Amount of Related Services (Per Day, Week, Month, Year)	Projected Dates		Anticipated Location
		Initiation	Duration	
<input type="checkbox"/> Transportation				

SP TEAM PARTICIPANTS

Parent/Guardian/Surrogate _____
 District Representative _____
 Special Educator _____
 General Education Teacher _____
 Private School Representative _____
 Student _____