

LOCAL TRAINING SELPA

SERVICE PLAN (SP) - PARENTALLY PLACED PRIVATE SCHOOL STUDENTS

Student Legal Name New, Student **Date of Birth** 4/9/2008 **Meeting Date** _____
 Original SpEd Entry Date: _____ Grade: _____
 Next Annual Plan Review: _____ Last Reevaluation: _____ Next Reevaluation: _____
 Meeting Type: Initial Plan Review Reevaluation

Parent/Guardian _____ Home Phone _____
 Home Address _____ Work Phone _____
 City _____ Cell _____
 State, Zip _____ Email _____

Parent/Guardian _____ Home Phone _____
 Home Address _____ Work Phone _____
 City _____ Cell _____
 State, Zip _____ Email _____

District of Special Education Accountability while attending Private School: _____
 Private School of Attendance _____ Private School Phone _____
 District of Geographical Residence _____ District of Geographical Residence Phone _____
 Home School _____

Indicate Disability/ies **Primary:** _____ **Secondary:** _____

Date of Initial Referral for Special Education Services: _____

Person initiating the Referral for Special Education Services: _____

Date District Received Parent Consent: _____

Date of Initial Meeting to Determine Eligibility: _____

Preschool Program Setting (3-5 year-old Preschool and 4 year-old TK/Kgn): _____

Early Childhood Program Setting Service Location: _____

Ten or More Weekly Hours in Setting Indicator: Yes No

Program Setting (TK/Kgn or greater, ages 5-22): _____

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:

Service: <u>Specialized Academic Instruction</u>	Start Date: <u>9/11/2025</u>	End Date: <u>9/10/2026</u>
Provider: <u>SELPA</u>	<input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
Duration/Freq: <u>600 min x 1</u> Totaling: <u>600 min</u> served <u>Yearly</u>	Location: <u>Private day school (not certified by Special Education Division)</u>	
Comments: <u>Consult with private school staff to support student. Services will discontinue when funds for private school services are exhausted.</u>		

Check one of the following:

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

____ (Parent/guardian(s) initial) I/We 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. I/We 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) initial) I/We acknowledge, understand and agree that my child is eligible for special education services and I/we agree to the Offer of Free Appropriate Public Education (FAPE) which has been made.

____ (Parent/guardian(s) initial) I/We elect to enroll my child in a private school and understand that the IEP cannot be implemented. If I/we are interested in special education and related services from a public school through development of an individualized education program (IEP), I/we must contact the District of Geographical Residence; the District of Location of the Private School may not contact the District of Geographical Residence without my/our express written consent.

 Parent Guardian Surrogate Adult Student Date: _____

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 Plan Review Due By: _____ Reevaluation Due By: _____