SERVICES PLAN

Based on the required procedures to determine the available services provided to children with disabilities enrolled in private schools, indicate the special education and related services that will be provided for the child.

IDENTIFYING INFORMATION Student's Name:	School:	District:	School Year:
Social Security Number/ Identification Number:	Grade:	Race:	Gender:
Date of Birth (month/day/year):	Phone Number:	Date of Current Eligibility Certification	Eligibility Category
Mother's Name:	Father's Name:	Address:	

JMMARY OF PERFORMA	ANCE IN THE CURRENT EDUCATIONAL PROGRAM
	Id reflect how the student's disability affects involvement and progress in the general curriculum. For preschool
	d's disability affects participation in appropriate activities.)
AREA	SUMMARY OF PRESENT LEVEL(S) OF PERFORMANCE
6	
	Page 1 of

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AREA(S)	MODIFICATION(S)/	the state of the	BEGINNING AND	FREQUENCY	LOCATION
	ACCOMMODATION(S)		ENDING DATES	OF SERVICES	OF SERVICES
AREA(S)	SUPPORT FOR		BEGINNING AND	FREQUENCY	LOCATION
	PERSONNEL	14 N	ENDING DATES	OF SERVICES	OF SERVICES
		and the second second		and the second	
					010
а.	Reading f. Science	k. Music	р.	Title I	Other: (specify)
b.	Spelling g. Health	I. Art			u.
AREA(S): c.	English h. Lunch	m. Computer		Vocational	u v
d.	Math i. PE	n. Clubs/Inte	erest Groups s.	All Subjects	w.
e.	Social Studies j. Guidance/Counseling				x.

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Student's Name:

MEASURABLE ANNUAL GOAL(S)									
BENCHMARK/	T.A.	AGENCY			REPOF	T OF	PROC	RESS	5
SHORT-TERM INSTRUCTIONAL OBJECTIVE(S)	*	RESPONSIBLE**	METHOD(S)	1st	2nd	3rd	4th	5th	6th
			-						
			1 m			el -			
BEGINNING/ENDING DATES OF FREQUENCY: SERVICES:	PRC	OGRESS TOWARD ANN	UAL GOAL:						
LOCATION OF SERVICES:	REA	SON(S) FOR NOT MEE							

	EXPLANATION OF (CODING SYSTEM	
METHOD(S) OF MEASUREMENT 1. Written Observation 2. Written Performance 3. Oral Performance 4. Criterion-Referenced Test 5. Time Sample 6. Demonstration/Performance 7. Other (Specify)	REPORT OF PROGRESS 1. Not applicable during this grading period 2. No progress made 3. Little progress made 4. Progress made; Objective not yet met 5. Objective met	 PROGRESS TOWARD ANNUAL GOAL 1. Anticipate meeting goal 2. Do not anticipate meeting goal (note reason) 3. Goal met (indicate date) 	REASON FOR NOT MEETING GOAL 1. More time needed 2. Excessive absences/tardies 3. Assignments not completed 4. Need to review/revise IEP 5. Other (Specify)

Check if objective is a transition activity. (students ages 14 – 20)
 ** Designate agency responsible for assistance with implementation of objective. (students ages 16 - 20)

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Studer	nt's Name:		A. P. Standard								
	MEASURABLE ANNUAL O	GOAL(S)	1	i - a i i i i i i i i i i i i i i i i i							
	BEN	CHMARK/	T.A.	AGENCY			REPOR	T OF	PROC	RES	S
	SHORT-TERM INSTR	UCTIONAL OBJECTIVE(S)	*	RESPONSIBLE**	METHOD(S)	1st	2nd	3rd	4th	5th	6th
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		Carlos and a construction of the									
	4										
BEGINN	NING/ENDING DATES OF ES:	FREQUENCY:	PRO	GRESS TOWARD ANN	UAL GOAL:						
LOCATI	ION OF SERVICES:		REAS	SON(S) FOR NOT MEE	TING GOAL:						

	CHMARK/	T.A.	AGENCY	METHODIO	REPORT OF PROGRESS						
SHORT-TERM INSTRU	JCTIONAL OBJECTIVE(S)	*	RESPONSIBLE**	METHOD(S)	1st	2nd	3rd	4th	5th	6th	
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BEGINNING/ENDING DATES OF SERVICES:	FREQUENCY:	PRO	GRESS TOWARD ANN	NUAL GOAL:							
LOCATION OF SERVICES:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1								
		REAS	SON(S) FOR NOT MEE	TING GOAL:							

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Student's Name:

BENCHMARK/	T.A.	AGENCY		REPORT OF PROGRESS						
SHORT-TERM INSTRUCTIONAL OBJECTIVE(S)	*	RESPONSIBLE**	METHOD(S)	1st	2nd	3rd	4th	5th	6t	
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SINNING/ENDING DATES OF FREQUENCY: RVICES:	PRO	GRESS TOWARD AND	NUAL GOAL:							

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MEASURABLE ANNUAL GOAL	5)	and the first state of the						
BENCH	MARK/	T.A.	AGENCY		REP	ORTOF	PROGR	RESS
SHORT-TERM INSTRUC		*	RESPONSIBLE**	METHOD(S)	1st	2nd	3rd	4th
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BEGINNING/ENDING DATES OF SERVICES:	FREQUENCY:							
		PR	OGRESS TOWARD ANNU	AL GOAL:				
LOCATION OF SERVICES:		RE	ASON(S) FOR NOT MEETI	NG GOAL				
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	EXPLANATION O	F CODING SYSTEM	
METHOD(S) OF MEASUREMENT	REPORT OF PROGRESS	PROGRESS TOWARD ANNUAL GOAL	REASON FOR NOT MEETING GOAL
1. Written Observation	 Not applicable during this grading period 	1. Anticipate meeting goal	1. More time needed
2. Written Performance	2. No progress made		2. Excessive absences/tardies
3. Oral Performance	3. Little progress made	2. Do not anticipate meeting goal	Assignments not completed
4. Criterion-Referenced Test	4. Progress made; Objective not yet met	(note reason)	4. Need to review/revise IEP
5. Time Sample	5. Objective met		5. Other (Specify)
6. Demonstration/Performance		3. Goal met (indicate date)	
7. Other (Specify)			

Check if objective is a transition activity. (students ages 14 - 20)
 Designate agency responsible for assistance with implementation of objective. (students ages 16 - 20)

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Student's Name:

MEASURABLE ANNUAL GOAL	S)							
BENCH	IMARK/	T.A.	AGENCY		REP	ORT OF	PROGR	RESS
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BEGINNING/ENDING DATES OF SERVICES:	FREQUENCY:	DD	CORECC TOWARD ANNUL					
		PRI	OGRESS TOWARD ANNU	AL GUAL:				
LOCATION OF SERVICES:		15						
		REA	ASON(S) FOR NOT MEETI	NG GOAL:			1	

BENCHMARK/	T.A.	AGENCY		REP	ORT OF	PROGR	RESS
SHORT-TERM INSTRUCTIONAL OBJECTIV	E(S) *	RESPONSIBLE**	METHOD(S)	1st	2nd	3rd	4th
BEGINNING/ENDING DATES OF SERVICES: FREQUENCY:	PF	ROGRESS TOWARD ANNU	IAL GOAL:				
LOCATION OF SERVICES:		ASON(S) FOR NOT MEET					

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Student's Name:

BENCHMARK/			PORT OF PROGRESS				
SHORT-TERM INSTRUCTIONAL OBJECTIVE(S)	*	RESPONSIBLE**	METHOD(S)	1st	2nd	3rd	4th
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DCATION OF SERVICES:	PI	COGRESS TOWARD ANNU	AL GUAL.				
	R	EASON(S) FOR NOT MEETI	NG GOAL:				

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RELATED SERVICES, IF F	PROVIDED			
SERVICE	BEGINNING/ENDING DATE	LOCATION	AMOUNT OF TIME	FREQUENCY
	8			

METHOD OF INFORMING PARENTS OF PROGRESS	WRITTEN PARENTAL PERMISSION FOR INITIAL PLACEMENT
Notification of progress toward meeting annual goals will be through the use of :	My rights and those of my child regarding procedural safeguards have been fully explained; I understand that my child has a disability and I know what that disability is; and I hereby give consent for my child to receive special education services based on his/her eligibility determination and his/her individualized educational program.
Notification will be given: Every six weeks Every nine weeks	
Other (specify)	Parental Signature Date

EXTENDED SCHOOL YE	EAR (ESY) SE	RVICES, IF PR	OVIDED				
Criteria Met for E	SY services	(Criteria not met fo	r ESY services	Decision	deferred until	
MAINTAINED SPECIAL EDUCATION SKILLS	NUMBER OF WEEKS	NUMBER OF DAYS PER WEEK	AMOUNT OF TIME PER DAY	MAINTAINED RELATED SERVICE SKILLS	NUMBER OF WEEKS	NUMBER OF DAYS PER WEEK	AMOUNT OF TIME PER DAY

	TEE MEMBERS PRESENT tion is utilized only to document individuals present at the meeting)		ON – COMMITTEE MEMBERS PRESENT ection is utilized only to document individuals present at the meeting)
Name:	Special Education Teacher	Name:	Special Education Teacher
Name:	Regular Education Teacher	Name:	Regular Education Teacher
Name:	Agency Representative	Name:	Agency Representative
Name:	Parent(s)	Name:	Parent(s)
Name:	Student, If Applicable	Name:	Student, If Applicable
Name:	Other	Name:	Other
Name:	Other	Name:	Other
Name:	Other	Name:	Other
Date of Meeting:		Date of Meeting:	
Projected Date of Review/Revision	n of IEP:		

INDIVIDUAL TRANSITION PLAN, IF PROVIDED

BY AGE 14:	DESIRED POST-SCHOOL OUTCOME STATEMENT: This statement should address areas of post-school activities such as post- secondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living and/or community participation.

BY AGE 16: TRANSITION	SERVIO	CES STA	TEMENT:	
SERVICE	NEE	DED	PUBLIC	AGENCY RESPONSIBILITIES FOR LINKAGES TO SERVICES
AREA(S)	YES	NO	PUBLIC AGENCY	SPECIFIC RESPONSIBLITIES FOR LINKAGES BY PUBLIC AGENCY
Instruction				yo Narawa a Kina a
Related Services				
Community Experiences				
Adult Living/Employment Skills				
(Complete only when appropriate) Daily Living Skills/Functional Vocational Evaluation			1. m. 12° 2	

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