

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**SERVICES PLAN**

*Note: A services plan is implemented when a parentally placed private school child with a disability has been designated by the IEP to receive services but the parent/guardian elects NOT to enroll the child for part-time attendance in the public school.*

DATE OF CONFERENCE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME SCHOOL: \_\_\_\_\_

SCHOOL OF ATTENDANCE: \_\_\_\_\_

TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

CONFERENCE PARTICIPANTS (Name and Title):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| Instructional Services | Initiation Date | Anticipated Duration | Location of Services | Minutes of Service |
|------------------------|-----------------|----------------------|----------------------|--------------------|
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This services plan was discussed with the parent/guardian on: \_\_\_\_\_  
month/day/year

Services provided by: \_\_\_\_\_  
*LEA Signature* month/day/year