

SANTA CLARA COUNTY
OFFER OF FAPE
SPECIAL EDUCATION and RELATED SERVICES

Name _____ IEP Date ____/____/____

Service options considered (In selecting LRE, consideration is given to any harmful effect on the child or quality of services that the child needs) _____

SPECIAL EDUCATION and RELATED SERVICES

Service:			Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition	
Frequency	Duration	Location:		
Service:			Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition	
Frequency	Duration	Location:		
Service:			Start Date: / /	End Date: / /
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Service:			Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition	
Frequency	Duration	Location:		

Transportation: None General Ed Special Ed _____

Programs and services will be provided according to where student is in attendance and consistent with the district of service calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.