

SANTA CLARA COUNTY

INDIVIDUAL SERVICE PLAN FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS

Student's Name: _____ DOB: ___ / ___ / ___ Grade: _____ Date: ___ / ___ / ___

Parent/Guardian Name(s): _____

Address: _____

Home Phone: (____) _____ Cell: (____) _____ Work Phone: (____) _____

District where private school is located : _____ District of Residence: _____

Home School: _____ Private School: _____

Private School Phone: (____) _____ District of Residence Phone: (____) _____

Check one of the following

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

OR

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

Services: The District (LEA) will provide the special education 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: _____

Special Education Service	Frequency	Duration	Location	Start Date	End Date	Service Provider

Student has been found eligible for special education services. By signing this document, the parent/guardian(s) have indicated to the District of Residence (DOR) that they have chosen to unilaterally enroll or continue to enroll the student in a private school without the consent of, referral by, or at expense of the District. It is further acknowledged that the DOR has offered to develop an IEP when the student's parent/guardian(s) express an interest in enrolling the student in public school. The parents understand in accordance with IDEA 2004, their rights to due process do not apply in the private school setting.

Parent/Guardian: _____ Date: ___ / ___ / ___

Parent/Guardian: _____ Date: ___ / ___ / ___

LEA Representative: _____ Date: ___ / ___ / ___

Other: _____ Date: ___ / ___ / ___

Next Annual Review Due By: ___ / ___ / ___

Triennial Review Due By: ___ / ___ / ___