

## Attachment C: SAMPLE "Services Plan" FORM

---

Date of Notice: xx/xx/xx

Anytown Public Schools

Special Education SERVICES PLAN for \_\_\_\_\_ *(Name of Eligible Private School Student)*

Provided for the period of \_\_\_\_\_ *(dates of service – not to exceed one school year)*

The following services will be provided for the eligible private school student named above.

Training or Support Services (Indirect services for School Personnel and/or Parents)					
Type of Service	Person(s) Responsible	Start Date	Freq/Duration /Day	Location of Service	Comments (if applicable)
Special Education and/or Related Services (Direct Services)					
Type of Service	Person(s) Responsible	Start Date	Freq/Duration /Day	Location of Service	Comments (if applicable)

**Evaluation and Service Delivery Information:** *(Provide individual evaluation information related to the above-named student with sufficient detail that the service delivery can be individualized to meet the student's needs. It may be helpful to identify specific goals.)*

Please contact \_\_\_\_\_ at \_\_\_\_\_ (phone) if you have any questions about these services. Use of these services does not constitute an individual entitlement or an individual commitment by Anytown Public Schools to provide such services.

Administrator of Special  
Education  
Anytown Public Schools