### Attachment E: Sample “Services Plan” Form

*Sample Form: This is provided solely as an exemplar.*

*Anytown* Public Schools

Date of Notice: xx/xx/xx

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

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. 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) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **B. 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) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**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*