

Service Plan

Section 1 – General Information				
School Name		Service Plan Meeting Date		Service Plan Review Date
Student Last Name	First Name	Middle Name	Date of Birth	Age
Disability Category	Gender	Grade	Primary Language	

Section 2 – Participants <i>(signature denotes attendance)</i>		
_____	_____	_____
Print (or type) Name	Title	Signature
_____	_____	_____
Print (or type) Name	Title	Signature
_____	_____	_____
Print (or type) Name	Title	Signature
_____	_____	_____
Print (or type) Name	Title	Signature
_____	_____	_____
Print (or type) Name	Title	Signature
_____	_____	_____
Print (or type) Name	Title	Signature
_____	_____	_____
Print (or type) Name	Title	Signature

Parental Rights

I understand that the district has a right to make the final decisions about special education services offered to students with disabilities placed in private schools (or being homeschooled without public support) by their parents.

If I wish to enroll my child in the district’s public schools, my child would be entitled to an individual educational program as require by state and federal regulations.

I understand the district is not obligated to provide services onsite at a private school.

I also understand that I have a right to file an official complaint with the Alaska Department of Education and Early Development if the district does not provide the services described on the service schedule in this services plan.

Upon reaching the age of majority, my child will have the right to make his/her own educational decisions unless the student has a guardian authorized by a court to make educational decisions on his/her behalf.

Parent/Guardian Signature:

Section 3 – Present Levels

Student Strengths

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Student Needs

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Present Levels of Educational Performance

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STATEMENT OF EFFECT - *Describe how the disability affects the student's involvement and progress in the general education curriculum or for a preschool student, participation in appropriate activities.*

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Section 4 – Measurable Annual Goal

Baseline	Annual Goal	Person Responsible:	Goal #:

Progress reporting for this goal will be conducted: Quarterly Trimester Other:

Objective 1	Evaluation Method	Schedule
Short-Term Objective:	<input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/>	<input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/>

Report 1 Date:	Report 2 Date:	Report 3 Date:	Report 4 Date:
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Progress:	Progress:	Progress:	Progress:
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Objective 2	Evaluation Method	Schedule
Short-Term Objective:	<input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/>	<input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/>

Report 1 Date:	Report 2 Date:	Report 3 Date:	Report 4 Date:
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Progress:	Progress:	Progress:	Progress:
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Objective 3	Evaluation Method	Schedule
Short-Term Objective:	<input type="radio"/> Testing <input type="radio"/> Data Collection <input type="radio"/> Work Sample <input type="radio"/> Grade <input type="radio"/> Observation <input type="radio"/>	<input type="radio"/> Daily <input type="radio"/> Wkly <input type="radio"/> Mthly <input type="radio"/> Qtrly <input type="radio"/> Sem <input type="radio"/>

Report 1 Date:	Report 2 Date:	Report 3 Date:	Report 4 Date:
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Progress:	Progress:	Progress:	Progress:
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Section 5 – Schedule of Services

#	Service Area	Location	Starts mm/dd/yy	Ends mm/dd/yy	Provider	Minutes	Sessions a Week