

SP Services Plan

THIS SERVICES PLAN WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN GENERAL FACTORS

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____
 STREET: _____ GENDER: _____ GRADE: _____
 CITY: _____ STATE: OH ZIP: _____
 DATE OF BIRTH: _____
 DISTRICT OF RESIDENCE: _____ COUNTY OF RESIDENCE: _____
 DISTRICT OF SERVICE: _____
 Is the child a ward of the state? YES NO

MEETING INFORMATION

MEETING DATE: _____
 MEETING TYPE:
 INITIAL SERVICES PLAN
 ANNUAL REVIEW
 REVIEW OTHER THAN ANNUAL REVIEW

 AMENDMENT
 OTHER _____

SERVICES PLAN TIME LINES

ETR COMPLETION DATE: _____
 NEXT ETR DUE DATE: _____
 SERVICES PLAN EFFECTIVE DATES
 START: _____
 END: _____
 NEXT SERVICES PLAN REVIEW: _____

PARENTS' / GUARDIAN INFORMATION

NAME: _____
 STREET: _____
 CITY: _____ STATE: OH ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL PHONE: _____ EMAIL: _____

 NAME: _____
 STREET: _____
 CITY: _____ STATE: OH ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL PHONE: _____ EMAIL: _____

OTHER INFORMATION:

AMENDMENTS: (Complete only if amending the Services Plan)

SP SECTION AMENDED	THE SCHOOL DISTRICT AND PARENTS HAVE AGREED TO MAKE THE FOLLOWING CHANGES TO THE SERVICES PLAN	DATE OF AMENDMENT	PARTICIPANT & ROLE

1 MEASURABLE ANNUAL GOALS

NUMBER: _____

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

MEASURABLE ANNUAL GOAL

METHOD(S)

METHOD FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL

- | | | |
|--------------------------------|----------------------------|-----------------|
| a. Curriculum Based Assessment | e. Short-Cycle Assessments | i. Work Samples |
| b. Portfolios | f. Performance Assessments | j. Inventories |
| c. Observation | g. Checklists | k. Rubrics |
| d. Anecdotal Records | h. Running Records | |

MEASURABLE OBJECTIVES

NUM	OBJECTIVE
_.1	
_.2	
_.3	
_.4	
_.5	

METHOD AND FREQUENCY FOR REPORTING THE CHILD'S PROGRESS TO PARENTS

- Written report
 Email
 Phone call
 Journal entry
 The child's progress will be reported to the child's parents each time report cards are issued
 Other _____
- Reported every weeks

Note: Progress Reports must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the nonpublic school provides interim reports to all children, progress reports must be provided to all parents of a child with a disability at the same time.

1 MEASURABLE ANNUAL GOALS

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MEASURABLE BENCHMARKS

NUM	BENCHMARK	DATE OF MASTERY
_.1		
_.2		
_.3		
_.4		
_.5		

METHOD AND FREQUENCY FOR REPORTING THE CHILD'S PROGRESS TO PARENTS

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2 DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE		GOAL(s) ADDRESSED	PROVIDER	LOCATION OF SERVICES
SPECIALLY DESIGNED INSTRUCTION:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
RELATED SERVICES:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
ASSISTIVE TECHNOLOGY:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
ACCOMMODATIONS:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
MODIFICATIONS:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
SUPPORT FOR SCHOOL PERSONNEL:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
SERVICE(S) TO SUPPORT MEDICAL NEEDS:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	

KEY: OPTIONAL ENTRY

NOT REQUIRED

3 STATEWIDE AND DISTRICT WIDE TESTING

For each subject tested in the child's grade, choose the method of assessment below. If "With Accommodations" is chosen for any subject, provide a description of the Accommodations for each subject in the right column.
 Alternate Assessment, if chosen, must apply to all tests taken.

Will the child participate in classroom, district wide and state wide assessments with accommodations? YES NO

AREA	GRADE	CHILDREN WILL BE TESTED:	DETAIL OF ACCOMMODATIONS
READING		<input type="checkbox"/> WITH ACCOMMODATIONS <input type="checkbox"/> MODIFIED ASSESSMENT	
WRITING		<input type="checkbox"/> WITH ACCOMMODATIONS <input type="checkbox"/> MODIFIED ASSESSMENT	
MATH		<input type="checkbox"/> WITH ACCOMMODATIONS <input type="checkbox"/> MODIFIED ASSESSMENT	
SCIENCE		<input type="checkbox"/> WITH ACCOMMODATIONS <input type="checkbox"/> MODIFIED ASSESSMENT	
SOCIAL STUDIES		<input type="checkbox"/> WITH ACCOMMODATIONS <input type="checkbox"/> MODIFIED ASSESSMENT	
OTHER		<input type="checkbox"/> WITH ACCOMMODATIONS <input type="checkbox"/> MODIFIED ASSESSMENT	

Reasons the child will not participate in Statewide testing

Is the child to be excused from the consequences of not passing the Ohio Graduation Test (OGT)? YES NO

The child is completing a curriculum that is significantly different than the curriculum completed by other children required to take the test. YES NO

The child requires accommodations that are beyond the accommodations allowed for children taking state wide assessments. YES NO

The child is excused from the consequences of not passing the OGT in the following subjects:

- Reading
- Mathematics
- Writing
- Social Studies
- Science

Met Testing Participation Requirement? Date complete: YES NO

Is the child participating in alternate assessment? YES NO

Justify the choice of alternate assessment and address why it is appropriate:

5 SIGNATURES

INITIAL SP

- I give consent to initiate special education and related services specified in this SP.*
- I do not give consent for special education and related services at this time.**
- I give consent to initiate special education and related services specified in this SP except for **

AREA:

PARENTS' SIGNATURE: _____ DATE: _____

ANNUAL REVIEW/REVIEW OTHER THAN ANNUAL REVIEW

- I agree with the implementation of this SP.*
- I revoke consent for all special education and related services.**
- I am signing to show my attendance/participation at the SP team meeting but I do not agree with the following special education and related services specified in this SP.**

PARENTS' SIGNATURE: _____ DATE: _____

* This SP serves as prior written notice if there is agreement.

**If there is not agreement or consent is revoked, the district must provide prior written notice to the parents.

PROCEDURAL SAFEGUARDS NOTICE

A copy of the Procedural Safeguards Notice was given to the parents at the Services Plan Meeting. YES NO

IF NO, DATE SENT TO PARENTS: _____

COPY OF THE SERVICES PLAN

A copy of the Services Plan was given to the parents at the Services Plan meeting. YES NO

IF NO, DATE SENT TO PARENTS: _____