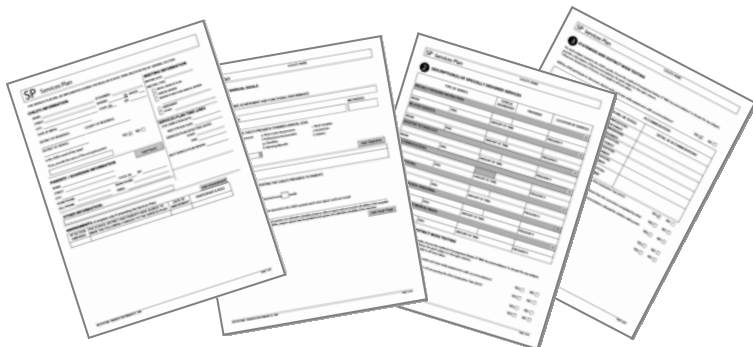


# Annotations for the New Services Plan PR-09

If a school district places a child with a disability in a nonpublic school or facility, the child is still entitled to a free appropriate public education (FAPE) and must have an individualized education program (IEP) that is written by the child's district of residence and implemented by the nonpublic school. However, if parents unilaterally place a child with a disability in a nonpublic school, the child is not entitled to FAPE but is entitled to a proportionate share of federal Part B funds spent on services to the group of children with disabilities who are attending the nonpublic school. These children receive a Services Plan (SP) that outlines the services the child will receive. A Services Plan must be individually developed for each child served and must describe the specific special education and related services that the district in which the nonpublic school is located agrees to provide to that child.

Each school district is required to provide *equitable* services and participation for eligible children who are attending chartered or non-chartered nonpublic schools located within the district's geographical boundaries. No child with a disability in a nonpublic school has an individual right to receive any of the specific special education and related services that the child would receive in a public school. The child is not entitled to FAPE. Decisions about the services nonpublic school children with disabilities will receive are made by the school district after it consults with representatives of the nonpublic school. The district of residence shall give representatives of nonpublic schools an opportunity to express their views in light of the available funding, the number of nonpublic school children with disabilities, the children's needs, and their location to help decide which children will receive services and what services will be provided. However, the final decision about the services to be provided belongs to the public school district where the nonpublic school is located.



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## Using the Services Plan Form document

The Services Plan Form is a dynamic .pdf file that will change format as data is entered. Input fields expand to accommodate content. Some sections may be duplicated as needed. Some sections may be omitted based on user responses. Fields such as names and dates are linked to reduce duplication of entry. The resulting file with data may be saved for future use.

Although the data is stored in an electronic form, this is not by itself an "electronic Services Plan." Data is stored only within the individual files. Users must be careful to establish a file naming system, an organized storage system, and a method of addressing the security of the data files.

## CHILD'S INFORMATION

**Name:** Enter the child's first and last name.

**ID Number:** If the chartered or non-chartered nonpublic school uses an identification number, it may be entered in this space. If the school does not utilize such a system, this space may be left blank.

**Grade:** Enter the grade or grades the child will be in during the duration of this services plan.

**Date of Birth:** Enter the month, day, and year of the child's birth.

**Gender:** Enter M for males and F for females.

**Street:** Enter the street name and number of where the child currently resides.

**City:** Enter the name of the city where the child currently resides.

**State:** Enter the name of the state where the child currently resides.

**Zip:** Enter the 5 digit zip code where the child currently resides.

**District of Residence:** Write the name of the district where the child's biological or adoptive parents currently reside or were last known to reside if the biological or adoptive parents' whereabouts are unknown.

**District of Service:** Write the name of the district where the child will receive the special education and related services outlined in this services plan.

**County of Residence:** Enter the name of the county where the child currently resides.

**Is this child a ward of the state? Yes No:** If the child is in foster care or under the care or custody of the Ohio Department of Job and Family Services, check "yes" to this question. If the child is in the care and custody of the Ohio Department of Youth Services, check "yes" to this question. For all other instances that meet the definition of "ward of the state" as outlined in the *Operating Standards for Ohio's Educational Agencies Serving Children with Disabilities*, check "yes" to this question. In all other instances, check "no" and skip to the next section of the form.

**Name of the surrogate parent:** If the preceding question was answered "yes" AND parental rights have been removed from the parents of this child, a surrogate parent must be appointed to represent the educational interests of the child and to make educational decisions for the child ([See Procedural Safeguards—5.6 Surrogate Parents section of Procedures and Guidance for Ohio Educational Agencies serving Children with Disabilities at www.edresourcesohio.org](#)). The name of the surrogate parent is entered here and the surrogate parent's contact information is entered in the section entitled "Parents/Guardian Information."

## PARENTS'/GUARDIAN INFORMATION

**Name:** Enter the first and last name or names of the child's parents or guardian. NOTE: This box may be repeated for parents or guardians who do not live at the same address and do not have the same contact information. It may also be repeated for documenting both the parents/guardian information and the contact information for the surrogate parent.

The form is titled "SP Services Plan" and includes the following sections:

- CHILD'S INFORMATION:** Fields for NAME, ID NUMBER, STREET, CITY, DATE OF BIRTH, DISTRICT OF RESIDENCE, COUNTY OF RESIDENCE, DISTRICT OF SERVICE, GENDER, GRADE, STATE, OH, ZIP, and a checkbox for "Is the child a ward of the state?" with YES and NO options. A field for "if yes, provide the name of the surrogate parent:" is also present.
- MEETING INFORMATION:** Fields for MEETING DATE, MEETING TYPE (with checkboxes for INITIAL SERVICES PLAN, ANNUAL REVIEW, REVIEW OTHER THAN ANNUAL REVIEW), AMENDMENT, and OTHER.
- SERVICES PLAN TIME LINES:** Fields for ETR COMPLETION DATE, NEXT ETR/DUE DATE, SERVICES PLAN EFFECTIVE DATES (START and END), and NEXT SERVICES PLAN REVIEW.
- PARENTS' / GUARDIAN INFORMATION:** Fields for NAME, STREET, CITY, HOME/PHONE, WORK/PHONE, CELL/PHONE, STATE, OH, ZIP, and EMAIL. Includes an "Add Parent" button.
- OTHER INFORMATION:** A text entry field.
- AMENDMENTS:** A table with columns: SP SECTION AMENDED, THE SCHOOL DISTRICT AND PARENTS HAVE AGREED TO MAKE THE FOLLOWING CHANGES TO THE SERVICES PLAN, DATE OF AMENDMENT, and PARTICIPANT & ROLE. Includes an "Add Amendment" button.

**Street:** Enter the street name and number where the parents/guardian currently reside.

**City:** Enter the name of the city where the parents/guardian currently reside.

**State:** Enter the name of the state where the parents/guardian currently reside.

**Zip:** Enter the 5-digit zip code where the parents/guardian currently reside.

**Home Phone:** Enter the home phone number of the parents/guardian including the area code. If the parents/guardian do not have a home phone, skip this item.

**Work Phone:** Enter the work phone number of the parents/guardian including the area code. If the parents/guardian do not have a work phone, skip this item.

**Cell Phone:** Enter the cell phone number of the parents/guardian including the area code. If the parents/guardian do not have a cell phone, skip this item.

**Email:** Enter the email address of the parents/guardian. If the parents/guardian do not have an email address, skip this item.

## OTHER INFORMATION

Additional information that the school district has found to be useful may be included under this heading. For example, if a language other than English is spoken in the home, information regarding the language could be included under this heading. The school district also may wish to list the attempts to contact the parents to attend the services plan meeting. If there is nothing to include in this space, either leave the space blank or write *Not Applicable or N/A*.

## MEETING INFORMATION

**Meeting Date:** Write the date that the services plan meeting is held. A services plan meeting is to occur no less than once per calendar year. In the case of an initial services plan, the team meeting is to occur within whichever of the following time periods is the shortest: Within 30 calendar days of the determination that the child needs special education and related services; within 90 calendar days of receiving parental consent for an evaluation; or within 120 calendar days of receipt of a request for an evaluation where the district does suspect a disability.

The school district must have a services plan in effect, at the beginning of each school year, for each child with a disability that the nonpublic school and the school district where the nonpublic school is located have agreed will receive services. If the services plan annual review is due sometime in the summer, the school may not wait until the new school year to write the services plan. The services plan must be in effect at the beginning of each school year.

**Meeting Type:** Check the box next to the type of meeting that is being held. Only one box may be checked.

**Initial Services Plan:** Check this box if this is the child's first evaluation. The definition of an initial evaluation includes:

- An evaluation completed when a child transitions from Help Me Grow (HMG) to preschool special education;
- An evaluation completed for a child who has never been identified as a child with a disability under the Individuals with Disabilities Education Act of 2004 (IDEA) when the parents or the district first suspect a disability;

- An evaluation completed for a child who was previously exited from special education services AFTER an evaluation was completed that showed the child was no longer a child with a disability and eligible for services under IDEA and now the district feels the child may have a disability and need services. NOTE: A child whose evaluation team report (ETR) has expired, i.e., over three years old, or whose services plan has not been reviewed or revised for over twelve months does not qualify for an initial evaluation. In this case the child needs a reevaluation.
- An evaluation completed for a child who moves in from out of state with identification as a child with a disability under IDEA and the services plan team at the receiving school determines that they will conduct an evaluation to determine if they agree with the out-of-state sending district that the child is a child with a disability under IDEA.

**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   
 If yes, provide the name of the surrogate parent: \_\_\_\_\_

**MEETING INFORMATION**

MEETING DATE: \_\_\_\_\_  
 INITIAL SERVICES PLAN  
 ANNUAL REVIEW  
 REVIEW OTHER THAN ANNUAL REVIEW  
 AMENDMENT  
 OTHER \_\_\_\_\_

**PARENTS / GUARDIAN INFORMATION** Add Parent

NAME: \_\_\_\_\_  
 STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: OH ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**OTHER INFORMATION:** \_\_\_\_\_

**SERVICES PLAN TIME LINES**

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

**AMENDMENTS:** (Complete only if amending the Services Plan) Add Amendment

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

**Annual Review:** Check this box if the services plan team is conducting a review and possible revision of the services plan, and it has been twelve months since the previous review.

**Review other than Annual Review:** Check this box if it has been less than 12 months since the last review of the services plan. This would be done when the services plan team determines that an amendment of a portion or portions of the services plan will not be sufficient to address the child’s educational needs, and a review of the entire services plan is necessary. Enter the date of this review on the line provided. If more than one review is done in a 12 month period, multiple dates may be added to this line.

**Amendment:** Check this box if the services plan team decides to amend a portion or portions of the services plan. If the decision is made to amend the services plan, there must be a written excuse on file for all required members of the services plan team who will not be in attendance. The required members are the district representative, the regular education teacher if the child participates or may be participating in regular education classes, the intervention specialist, the parents, the child, a representative of the nonpublic school the child is attending, and if appropriate, a person knowledgeable about the instructional implications of evaluation results if those are being discussed. The amendment may be done without a face-to-face meeting and may occur as a telephone conversation or conference call.

**Other:** Check this box for all meetings not captured in the three preceding check boxes. Enter the type of meeting that is being held on the line after the word “Other.” Enter the date or dates for this type of meeting on the line after the word “Other.”

## SERVICES PLAN TIMELINES

**ETR Completion Date:** Write the date that the current evaluation team report (ETR) was completed and signed by the evaluation team.

**Next ETR due date:** Write the date that the next evaluation team report (ETR) will be completed. A reevaluation may occur not more than once a year, unless the parents and the school district agree otherwise, and must occur at least once every three years, unless the parents and the school district agree that a reevaluation is unnecessary. The date in this field should be no more than three years from the date in the preceding field.

**Services Plan Effective Dates Start End:** Enter the beginning date that this services plan will be in effect. Enter the ending date when this services plan will no longer be in effect. The length of time between the start date and the ending date can be no more than twelve months but may be less than twelve months, depending on the services plan team’s determination.

**Next Services Plan Review:** Enter the date when the services plan team will meet to review and revise the child's services plan. The length of time between the meeting date entered under the "Meeting Information" section of this form and the date entered here can be no more than twelve months but may be less than twelve months, depending on the educational needs of the child.

## AMENDMENTS

In making changes to a child's services plan after the annual services plan team meeting for a school year, the parents of a child with a disability and the school district may agree to either convene the entire services plan team at a services plan team meeting or not convene a services plan team meeting for the purpose of making changes to the services plan, and instead develop a written document to amend or modify the child's current services plan.

If the parents of the child and the school district agree to amend the services plan by not conducting a services plan team meeting, it is the responsibility of the school district to collect from the parents all written excuses necessary for those services plan team members who are required to attend, but who will not be in attendance, i.e., the regular education teacher if the child participates or may be participating in regular education classes, the intervention specialist, the district representative, a representative of the nonpublic school the child is attending, and someone who can interpret the instructional implications of evaluation results if these results are being discussed (this role can be filled by a services plan team member who is already required to attend).

Once the parents and the school district agree on who will not participate in the discussion to change the services plan and those members of the services plan team have been excused from attendance, in writing, **by both the parents and the school district**, the parents and the school personnel who will be discussing the changes to the services plan may meet by telephone, email, or face to face and make changes to the child's services plan.

This section of the services plan documents when and who agreed on the revisions as well as the actual revisions. If this section is being used, the actual changes to the services plan are made within the body of the services plan, and that change is summarized in this section.

The parents and school personnel may decide not to utilize this grid and may simply attach a written document to the child's services plan to amend or modify the services plan. If a written document is attached to the child's services plan to amend or modify the services plan, that written document should have all of the elements contained in this section.

**Services Plan Section Amended:** When the services plan has been amended by the parents and school district, indicate in the first column, the section(s) of the services plan that was revised by referencing the section number(s) and/or page(s) of the services plan.

**The School District and Parents have Agreed to Make the Following Changes to the Services Plan:** In the second column, include a description of the revisions. School districts can choose any number of ways to document revised sections on the services plan. For example, changes can be highlighted, underlined, italicized, or hand written.

**The district may ask the parents to initial and date the section of the Services Plan that is amended to document their agreement or to sign and date under the Amendments grid on the first page of the Services Plan.**

**Date of Amendment:** The third column contains the date that the amendment was added. This may or may not

be the same as the date on which there was agreement on the revisions.

**Participant and Role:** In the fourth column, list the names of those who participated in amending the services plan and their roles, i.e., Mr. Jones, Intervention Specialist (signatures are not required).

The school district must ensure that the child's services plan team and anyone who provides services to the child are informed of the revisions. Each teacher and/or related service provider must be informed of his or her specific responsibilities related to implementing the child's services plan, including the specific services and supports that must be provided for the child as specified in the child's services plan.

## 1 Measurable Annual Goals

**Number:** Enter the number of the goal.

### Present Levels of Academic Achievement and Functional

**Performance:** This section provides a summary of the child's performance in the child's current educational program and indicates the child's instructional and functional levels. It includes information regarding classroom performance and the results of any academic achievement or functional performance assessments that have been administered. Information contained in this section provides baseline data for developing the services plan and writing measurable annual goals. The information in this section should consider the most recent evaluation team report (ETR), results of curriculum based assessments, and results of ongoing progress monitoring. The information should be stated in clear and concrete terminology.

### General information on completing this section follows:

- The method for determining the instructional level should relate to day-to-day instruction and include a description of the child's performance in all relevant areas and subjects.
- If the child is currently receiving special education services, information about the child's progress toward his or her annual goals must be included.
- If the child has limited English proficiency, a statement of native language performance and of English proficiency level should be included.

**Measurable Annual Goals:** If using this form in hard copy, use as many copies of this page as needed to plan appropriately. If using this form electronically, click "Add Goal Page" to add a new page for each goal that is written.

Measurable annual goals are designed to meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum. Measurable annual goals, in a services plan, are designed to meet each of the child's educational needs that will be addressed by the services agreed on by the school district where the nonpublic school is located and the nonpublic school.

Measurable annual goals, including academic and functional goals, are statements in measurable terms that describe what reasonable expectations can be accomplished within a twelve-month period. A measurable annual goal must contain:

The image shows a screenshot of a form titled "SP Services Plan" with a field for "CHILD'S NAME". The main section is "1 MEASURABLE ANNUAL GOALS" with a "NUMBER: 1" field. Below this is a section for "PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE". The "MEASURABLE ANNUAL GOAL" and "METHOD(S)" fields are empty. The "METHOD FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL" section lists options: a. Curriculum Based Assessment, b. Portfolio, c. Observation, d. Anecdotal Records, e. Short-Cycle Assessments, f. Performance Assessments, g. Checklists, h. Running Records, i. Work Samples, j. Inventories, k. Rubrics. There is a "Select Display Mode" dropdown set to "Objectives" and an "Add Objective" button. The "MEASURABLE OBJECTIVES" table has one entry: "1.1". The "METHOD AND FREQUENCY FOR REPORTING THE CHILD'S PROGRESS TO PARENTS" section has checkboxes for "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", and "Other". A "Reported every" field is set to "1" weeks. At the bottom, there is a disclaimer and an "Add Goal Page" button. The footer contains "REVISED 08/2009" and "PAGE 2 OF 4".

**Condition:** The condition (situation, setting or given material) under which the behavior is to be performed.

**Clearly defined behavior:** The specific action the child will be expected to perform.

**The performance criteria desired:** The level the child must demonstrate for mastery, the number of times the child must demonstrate the skill for mastery, and how frequently the teacher assesses the child's mastery of the skill.

There must be a direct relationship between the measurable annual goals and the present levels of academic achievement and functional performance.

**Method for Measuring the Child's Progress Toward Annual Goals:** How progress will be measured is determined by the services plan team. Progress monitoring is linked to the day-to-day instructional and assessment process. Describe how the child's progress toward meeting each goal will be measured by entering the letter next to each method of measurement that will be used to measure each specific goal in the box labeled "Method (s)" that appears after the measurable annual goals box. The services plan team must decide how each of the annual goals will be measured. Goals can be measured through formal or informal assessment tools such as:

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

NOTE: If the services plan team measures progress in some way other than those listed above, the team enters that method in the box labeled "Method(s)" that appears after the measurable annual goal.

**Measurable Benchmarks/Objectives:** Once the services plan team has developed measurable annual goals, the team must determine measurable short-term objectives or benchmarks that serve as a plan for reaching the annual goals, as well as a means for measuring progress toward meeting the annual goals. Measurable short-term objectives or benchmarks provide a mechanism for determining whether the child is progressing during the year to ensure that the services plan is consistent with the child's instructional needs and, if appropriate, to revise the services plan. The team may indicate the expected level of achievement using, for example, a percentage score or number of correct responses. The method of evaluation can also be indicated on the services plan by listing specific ways achievement will be measured.

**Short term objectives or benchmarks should include the same components as an annual goal:**

- Condition;
- Clearly defined behavior; AND
- Performance criteria.

"Benchmark" means a specific statement of what the child should know and be able to do in a specified segment of the year. Benchmarks describe how far the child is expected to progress toward the annual goal and by when. Benchmarks establish expected performance levels that allow for regular checks of progress that coincide with the reporting periods for informing parents of the child's progress toward achieving the annual goals (3301-51-01(B)(5)).

If the services plan team has determined progress will be measured with benchmarks, this section must be completed. If the team has decided to measure progress with objectives, choose "Objectives" from the "Select Display Mode" drop down.

Once the services plan team has developed measurable annual goals, the team must determine measurable benchmarks that serve as a plan for reaching each measurable annual goal and a means for measuring progress toward meeting the measurable annual goal.

List the measurable benchmarks next to the “Num” box which appears at the left margin. Add additional numbers and lines as there are measurable benchmarks to record.

“Objective” means a smaller, more manageable learning task that a child must master as a step toward achieving an annual goal. Objectives break the skills described in the annual goal into discrete components that, when mastered, allow the child to successfully obtain the goal (3301-51-01(B)(39)).

Measurable short-term objectives provide a mechanism for determining whether the child is progressing during the year to ensure that the services plan is consistent with the child’s instructional needs and, if appropriate, to revise the services plan. The team may indicate the expected level of achievement using, e.g., a percentage score or number of correct responses. The method of evaluation may also be indicated on the services plan by listing specific ways achievement will be measured.

**Method and Frequency for Reporting the Child’s Progress to Parents:** The services plan team must decide how the child’s progress on the measurable annual goals will be reported to the parents. **The team may report progress on the measurable benchmarks or objectives but that is not required. For children taking the alternative assessment, progress must be reported on objectives as well as goals.** The services plan team must also decide how often the reports will be provided. **Methods of reporting include: written report, email, phone call, journal entry, or other. The box next to “The child’s progress will be reported to the child’s parents each time report cards are issued” is not a method but is used to report the frequency of the reports (see below).** Check the box next to the method of reporting selected by the services plan team. If the services plan team decides to measure progress in some way other than those listed, the services plan team checks the “Other” box and enters the alternative method on the line. If the team selects more than one method for reporting the child’s progress, the services plan team will check all boxes that apply.

Once the services plan team has determined the method or methods for reporting the child’s progress to the parents, the services plan team must decide how often the progress reports will be provided to the parents. If the services plan team decides that all progress reports will be provided to the parents at the same time that report cards are issued to all children, then the team will check the box followed by the statement, “The child’s progress will be reported to the child’s parents each time report cards are issued.”

The child’s progress must be reported to the parents of the child at least as often as report cards are issued to all children. If the nonpublic school provides interim reports to all children, i.e., not just those in danger of failing, the child’s progress reports must be provided to the child’s parents, **at least as often as report cards and interim reports are issued. The progress reports do not have to be issued at the same time as the report cards and interim reports.** If the team determines that the child’s progress will be reported more often than the nonpublic school provides report cards to all children, the team will enter the number of weeks between progress reports **in the box included in the statement “Reported every (insert number) weeks.”** If the team has selected more than one method for reporting progress, the team must determine and record how often each type of report selected will be provided. **If more than one method has been elected, the team will use the “Other” box to record the method, if not included in the list, and the frequency of the reports.**

For example, if the nonpublic school provides interim reports to all children every six weeks and a report card every twelve weeks, and the services plan team has selected “written reports” as the method they will use to inform the parents of the child’s progress, the services plan team would place the number “6” **in the box included in the statement, “Reported every (insert number) weeks”** to show that a written report on the child’s

progress will be provided to the child’s parents every 6 weeks.

A second example would be where the services plan team has determined that the child’s progress will be reported to the child’s parents through a weekly journal entry, entered by the teacher, and also through a written report issued at the time report cards are issued. The team would check both “written report” and “journal entry” to record that both methods will be used to report the child’s progress. To record how often the written report will be given to the parents, the team could put the number of weeks between report cards **in the box included in the statement “Reported every (enter number) weeks or** they could check the box before the statement, “The child’s progress will be reported to the child’s parents each time report cards are issued.” To record the frequency of when the journal entries will be provided to the parents, the services plan team **checks the box before “Other” and places “once weekly”** on the line.

TYPE OF SERVICE		GOAL(S) ADDRESSED	PROVIDER	LOCATION OF SERVICES
<b>2</b> DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES				
SPECIALLY DESIGNED INSTRUCTION: +				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
RELATED SERVICES: +				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
ASSISTIVE TECHNOLOGY: +				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
ACCOMMODATIONS: +				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
MODIFICATIONS: +				
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:	

## 2 Description of Specially Designed Services

**Type of Service:** The grid lists all the types of supports and services that may be provided to children with disabilities to support their acquisition of the goals listed in the services plan. Each of the service boxes can be expanded so the services plan team can enter detailed information about the service that will be provided to the child. In addition, each box under a specific type of service may be repeated to include as many services under that particular heading as necessary. For example, under the heading of “Related Services,” the team may need to address speech services and physical therapy services. The team would repeat that particular box twice in order to include all related services that the school district and the nonpublic school have agreed to provide to the child. Only the services that have been agreed to by the school district and the nonpublic school will be recorded in this section.

Following are the definitions for each area of service:

**Specially Designed Instruction:** Adapting, as appropriate to the needs of an eligible child, the content, methodology or delivery of instruction to address the unique needs of the child that result from the child’s disability and to ensure access of the child to the general education curriculum so the child can meet the educational standards that apply to all children within the jurisdiction of the school district.

**Related Services:** Developmental, corrective and other supportive services as are required to assist a child with a disability to benefit from special education and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation including therapeutic recreation, early identification and assessment of disabilities in children, counseling services including rehabilitation counseling, orientation and mobility services and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services (note these services may be listed here or under “Services to Support Medical Needs” but should not be listed under both sections), social work services in schools, and parent counseling and training.

**Assistive Technology:** Any service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device. Examples of assistive technology services and the definition of what an assistive technology device is can be found in the *Operating Standards for Ohio Educational Agencies Serving Children with Disabilities*, Rule 3301-51-01(B)(2) and (3).

**Accommodations:** Provide access to the course content but does not alter the amount or complexity of the information taught to the child. **Accommodations are changes made in the way materials are presented or in the way students demonstrate learning, as well as changes in setting, timing, and scheduling with the expectation that the child will reach the standard set for all children.** For example, the child may be seated near the front of the room, may have directions repeated orally, **may have assignments shortened,** or may receive nonverbal cues from the teacher in the area of appropriate behavior. **Some accommodations may be appropriate for instruction but may not be used on state tests.** Accommodations **are** linked to the child's present levels of academic achievement and functional performance by addressing an area of need that has been outlined in Section 1, Measurable Annual Goals.

**Several accommodations may be listed in one box of the form if the provider and the dates the accommodations are to be provided are identical.**

**See the *Ohio Statewide Testing Program Rules Book* for allowable accommodations for tests, page 29, Accommodations and Appendix H, Statewide Assessment Accommodations. This document is posted on the ODE Web site at <http://education.ohio.gov>, keyword search: *testing rules*. The rules booklet should be checked yearly for any changes in allowable accommodations.**

**Modifications:** Altering the course content that will be taught to the child. Modifications of the curriculum will result in the child being taught **something different or being taught the same information but with the complexity of the material significantly altered from that being taught to** the child's same age and grade level peers.

Although the form indicates "frequency" is optional, modifications require frequency and duration and must be tied to annual goals. **If the modifications are not identical in all areas, each modification must be listed in a separate box.**

**Support for School Personnel:** Provide support to school personnel who may need assistance in implementing the child's services plan. This section provides an opportunity for the team to discuss and articulate those specific supports or training necessary for school personnel to provide the agreed upon services to the child with a disability. Supports can include an aide, training, resource materials, equipment, or consultation with other professionals.

For each support, the team must list the school personnel to receive the support, the specific support that will be provided, who will provide the support, and where and when the support will take place.

**Services to Support Medical Needs:** Medical services that the have been agreed to be provided to the child by the school district and the nonpublic school. These can include medications that must be dispensed during the school day and medical services that may need to be provided during the school day such as intermittent catheterization, feedings by feeding tube, or breathing therapy for asthma. Medical services may or may not be tied to specific goals. Therefore, in this section, the "Goal(s) Addressed" box may be left blank depending on the medical support needed.

**Goal(s) Addressed:** Enter the number of each goal that will be supported by the service listed in the "Type of Service" column. If there are numerous services listed under a given type of service, the team needs to make sure the correct goal is recorded with the appropriate service.

Under the "Accommodations" service box, specific goal(s) are not required as most accommodations are provided across all goal areas. Therefore, the "Goal(s) Addressed" box is shaded out for accommodations.

Under the "Assistive Technology" service box, specific goal(s) may or may not be tied to this service. Therefore,

the “Goal(s) Addressed” box may be left blank under this service area depending on the measurable annual goals and the type of assistive technology being provided.

Under the “Service(s) to Support Medical Needs” service box, specific goal(s) may or may not be tied to this service. Therefore, the “Goal(s) Addressed” box may be left blank under this service area depending on the measurable annual goals and the type of support for medical needs being provided.

**Provider:** List the title of the person(s) who will be providing the service listed. If there are numerous services listed, the services plan team will need to clearly identify the title for each provider(s) for each service listed.

**Location of Services:** Enter the physical location where the service will be provided. If there is more than one service listed, the services plan team will need to clearly identify the location for each service listed. Services may be provided on the premises of the nonpublic school with the permission of the nonpublic school. If services are provided in a location other than the nonpublic school, transportation may need to be provided to enable children to access the services agreed on by the school district and the nonpublic school.

**Begin:** Enter the date the service will begin to be provided to the child. If the service will be provided for the duration of the services plan AND during the entire regular school term, this box may be left blank as the statement on the front of the services plan form provides this information. If there are numerous services listed, there are several service boxes under a given heading and the services plan team will need to clearly identify the Begin Date for each service listed.

**End:** Enter the date the service will stop being provided to the child. If the service will be provided for the duration of the services plan AND during the entire regular school term, this box may be left blank as the statement on the front of the services plan form provides this information. If there are numerous services listed, there should be several service boxes under a given heading and the services plan team will need to clearly identify the End Date for each service listed.

**Amount of Time:** Enter the amount of time each service will be provided in minutes or hours. The amount of time entered for each type of service will be the total time that service will be provided. For example, if the child has two goals in the area of reading and both goals require specially designed instruction, the services plan team will determine how many minutes or hours of specially designed instruction are needed for each of the goals. If the team determines that each goal will require 30 minutes of specially designed instruction each week, 60 minutes will be entered for specially designed instruction as that is the total time, i.e., 30 minutes for goal one plus 30 minutes for goal two, that both goals together will require for specially designed instruction.

If accommodations are being provided, a specific amount of time does not have to be entered for accommodations that are listed.

Under “Support for School Personnel,” there is no space for “Amount of Time” or “Frequency.” There is a box for **“Who will Provide the Support.”** Enter the name and title of the person or persons who will provide the support to school personnel. If there are numerous supports listed, there should be several service boxes under this heading and the services plan team will need to clearly identify who will provide the support for each service listed. Where and when a specific support will be provided is information included in the “Type of Service” box under “Support for School Personnel.”

SP Services Plan CHILD'S NAME: \_\_\_\_\_

**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	ACCOMMODATIONS	
		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	

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

Met Testing Participation Requirement? YES  NO

Is the child participating in alternate assessment? YES  NO

**Frequency:** Enter how often the service will occur. This may be daily, weekly, monthly, quarterly, or even more often, e.g., twice per week or four times per month. If there is more than one service listed, the services plan team will need to clearly identify the frequency for each of the services.

If accommodations are being provided, a specific frequency for the accommodations does not have to be entered.

Under "Support for School Personnel," there is no space for "Frequency." See the explanation under "Amount of Time" above.

### 3 State and District Wide Testing

**Will the child participate in classroom, district wide, and statewide assessments with accommodations?**

**Yes No:** If the answer is "No," move to the next question. If the **child will be provided accommodations on any test, the answer is "Yes," and** complete the grid that appears for each area where accommodations will be provided. **The grid should be filled out only for those children who will be provided accommodations.**

**Area:** This column includes a list of the content areas that are assessed by the statewide assessments. Not all areas are assessed at all grade levels. Therefore, it is important that the services plan team check how the child will be assessed for each content area that is applicable for that child's grade level. How the child will be assessed is directly tied to the child's educational needs as outlined in the child's evaluation team report (ETR) and Services Plan (SP). If the child is eligible to take an alternate assessment, the child will not participate in testing as there is no requirement for children attending a nonpublic school to participate in an alternate assessment.

**Grade:** Enter the grade level of the child in each area that will be assessed.

**Children will be Tested:** Place a check mark next to the way the child will participate in testing for classroom, district wide, and statewide testing. If the child will participate by using accommodations, check the appropriate box and provide a description of the accommodations that will be provided in the next column. If the child will participate by taking the modified assessment, check the appropriate box and provide a description of any accommodations the team has determined the child needs. If the child is eligible to participate in an alternate assessment, the team answers the question above and does not record anything in the grid, as children in nonpublic schools are not required to take an alternate assessment.

**Detail of Accommodations:** For each child with a disability attending a nonpublic school, services plan teams must determine whether the child will participate in all classroom, state, and district wide testing without accommodations, with accommodations, or as part of the 2% modified assessment. These decisions are made for each content area that is assessed by the state. If the services plan team determines that the child will receive accommodations for testing situations in a given content area or areas, those accommodations must be provided to the child in all testing situations in those content areas including classroom tests, district wide testing, and the statewide tests. In this section, enter the accommodations for all testing situations that are outlined in the services plan.

**Is the child to be excused from the consequences of not passing the Ohio Graduation Test (OGT)? Yes No:** If the answer is "No" move to the next question. If the answer is "Yes," check the appropriate box next to the two statements that follow this question. It is not necessary to excuse a child from all parts of the OGT unless the child's evaluation team report (ETR) and Services Plan show that the child should be excused from the consequences in all content areas of the test.

**The child is completing a curriculum that is significantly different than the curriculum completed by other children required to take the test.** Check this box if the child is completing a curriculum that is based on

Is the child participating in alternate assessment? YES  NO

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

functional skills, i.e., hygiene, feeding, toileting, mobility, or a curriculum that is not at the grade level the assessment is measuring. This means that the curriculum the child uses in the classroom, including textbooks, workbooks, tests, quizzes, and homework is on a different grade level and therefore the material is different than the material used by the other children who are taking the test. This box is NOT checked if the child uses the same curriculum as other children taking the test but the teacher or other school personnel provides accommodations or modifications to the curriculum to allow the child to access the material.

**The child requires accommodations that are beyond the accommodations allowed for children taking statewide assessments.** Check this box if the child is provided accommodations in the classroom that go beyond the accommodations allowed on statewide assessments. **If a child uses an accommodation when taking a test that is “not allowable” on statewide assessments, the nonpublic school will receive an invalid score for that child. For example, if a child taking the OGT test is unable read the reading passages/selections of the reading test and the passages/selections are read to the child, the test will be invalid and the nonpublic school will receive an invalid score for that child. The child’s SP team determines whether a child will be excused from the consequences of not passing the test prior to the child taking the test, and that decision is stated in writing on the child’s current SP. Even if the SP team excuses the child from the consequences of the OGT, NCLB requires that each child must attempt to take the test at least once. The SP team should consider whether the child may be an appropriate candidate for the alternate assessment IF the child meets the criteria for the alternate assessment, which they may if they are receiving accommodations not sanctioned by the test.**

See the *Ohio Statewide Testing Program Rules Book* for information on allowable accommodations. NOTE: Make sure that all accommodations that will be provided to the child are listed under “Details of Accommodations,” the last column in the grid above.

**Met Testing Participation Requirement? Yes No:** Once a child’s services plan team has excused the child from the consequences of passing any part of or the entire OGT, the child must take the test or tests that they have been excused from one time after this determination has been made. After this one time, the child does not need to take the test or tests again, unless the child’s services plan team reverses their earlier decision and decides the child will need to pass part of or the entire OGT to graduate. If the child is excused from the consequences of the requirement of passing the OGT or any part of the OGT, check the “Yes” box and enter the date the child took the test after the team made this decision.

**Is the child participating in alternate assessment? Yes No:** If the child is eligible to participate in an alternate assessment because the child is significantly cognitively impaired and is completing a functional curriculum, this question is checked “Yes”. The child will not participate in statewide testing as there is no requirement for children attending nonpublic schools to

SP Services Plan CHILD'S NAME: \_\_\_\_\_

**4 MEETING PARTICIPANTS**

THIS SERVICE PLAN MEETING WAS:

Face-to-Face Meeting      SERVICE PLAN EFFECTIVE DATES: START: \_\_\_\_\_ END: \_\_\_\_\_

Video Conference       Telephone Conference/Conference Call      DATE OF NEXT SERVICE PLAN REVIEW: \_\_\_\_\_

Other

**SERVICE PLAN MEETING PARTICIPANTS**

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS SERVICES PLAN

POSITION	NAME	SIGNATURE
Student*		
Parent*		
Parent		
District Representative*		
Intervention Specialist*		
General Education Teacher*		
Other Agency Representative		

**PEOPLE NOT IN ATTENDANCE WHO PROVIDED INFORMATION AND RECOMMENDATIONS**

POSITION	NAME	SIGNATURE	DATE

IF THE REGULAR EDUCATION TEACHER, INTERVENTION SPECIALIST, PARENTS, DISTRICT REPRESENTATIVE AND A REPRESENTATIVE FROM THE NONPUBLIC SCHOOL, THE CHILD IS ATTENDING OR A PERSON KNOWLEDGEABLE ABOUT THE INSTRUCTIONAL IMPLICATIONS OF THE EVALUATION DATA HAVE SIGNED AS NOT IN ATTENDANCE AT THE SERVICE PLAN MEETING, A WRITTEN EXCUSE MUST BE ON FILE.

**5 SIGNATURES**

**INITIAL SP**

I agree 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 agree consent to initiate special education and related services specified in this SP except for \*\*

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**COPY OF THE SP**

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

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participate in alternate assessment. For additional information on the qualifications that must be met for children participating in an alternate assessment, see the *Ohio Statewide Testing Program Rules Book* found at [www.education.ohio.gov/](http://www.education.ohio.gov/), key work search “testing program.”

## 4 Meeting Participants

**This services plan meeting was:** Face-to-Face Meeting, Video Conference, Telephone Conference/Conference Call, Other: Check the box next to the type of services plan meeting that was held. If some members of the team were face to face and some members of the team were on a conference line, select both types of meeting by placing a check mark in the box next to “Face-to-Face Meeting” and also next to “Telephone Conference/Conference Call.”

**Services Plan Effective Dates Start End:** Enter the beginning date when this services plan will be in effect. Enter the ending date when this services plan will no longer be in effect. The length of time between the start date and the end date can be no more than twelve months but may be less than twelve months, depending on the educational needs of the child. If using this form electronically, these fields will automatically populate from information found on the first page of the services plan form.

**Date of Next Services Plan Review:** Enter the date when the services plan team will meet to review and revise the child’s services plan. The length of time between the meeting date entered under the “Meeting Information” section of this form and the date entered here can be no more than twelve months but may be less than twelve months, depending on the educational needs of the child. If using this form electronically, this field will automatically populate from information entered on the first page of the services plan form.

### SERVICES PLAN MEETING PARTICIPANTS

#### The Following People Attended and Participated in the Meeting to develop this Services Plan:

This section of the services plan is used to identify those people who attend and participate in the services plan team meeting as well as those people who provide information and recommendations to the services plan team but do not actually participate in the services plan team meeting. **If there are more people in attendance at the services plan meeting and/or who provided information than there are signature lines on the form, add an additional blank page to the services plan (hard copy or electronically) for positions, names, signatures, and dates.** A signature in this section of the services plan does not signify that the person signing agrees with the services plan or any portion of the services plan. This section simply documents who participated and who did not participate but provided information or recommendations to the members who did attend the meeting.

The school determines the specific personnel to fill the school district’s required participants at the services plan team meeting. The required participants for a services plan meeting are the district representative, the regular education teacher if the child participates or may be participating in regular education classes, the intervention specialist, the parents, the child if appropriate, a representative of the nonpublic school the child is attending, and a person knowledgeable about the instructional implications of evaluation results if those are being discussed. All required participants have an asterisk next to their titles on the form to show the reader that they are required members of the services plan team. If any of the titles with an asterisk are removed or changed, the district must have a written excuse from the parent that allows the required member to not be in attendance at the services plan team meeting. If a child has more than one regular education teacher or intervention specialist responsible for carrying out a portion of the services plan, the school district may designate which regular education teacher or intervention specialist will serve as the regular education teacher and intervention specialist on the services plan team.

The school district must also be sure that each of the people listed in this section, whether in attendance or not in attendance, knows his or her responsibilities related to implementing the child's services plan including the specific services and supports that must be provided.

**Position:** Enter the positions of the people in attendance at the meeting, if their positions are not already listed. If using this form electronically, this section will expand to allow the inclusion of more positions and names as well as the deletion of position titles. If required members of the services plan team are excused from participation in the meeting, see the preceding information under "Services Plan Meeting Participants" regarding what is required.

**Name:** Print the names of the people in attendance at the meeting.

**Signature:** Each member of the services plan team who attended the meeting places his or her signature in this column next to his or her printed name and position title.

**People not in Attendance who provided Information and Recommendations:**

If any required services plan team members, i.e., the regular education teacher if the child participates or may be participating in regular education classes, the child's intervention specialist, the district representative, or someone who can interpret the instructional implications of evaluation results (this role can be filled by a services plan team member who is already required to attend), or a representative of the nonpublic school the child is attending are not in attendance at the entire services plan team meeting because they have been excused from attending the meeting, either in whole or in part, this is the section of the services plan where they document that they were excused from the meeting. A written excuse, provided by the parents and the district prior to the meeting, must be on file for any required member of the services plan team who did not attend the entire services plan team meeting. This section must be signed and dated by the excused member. The date is the date that the excused member signs this section of the form. The date for the signature of the member of the team who did not attend the meeting can be when the member provided his or her information to all team members, including the parents, or it can be after the completion of the services plan team meeting. If a services plan team member has been excused, he or she is not to sign that he or she has attended the meeting.

The form is titled "SP Services Plan" and includes a field for "CHILD'S NAME:". It is divided into several sections:

- 4 MEETING PARTICIPANTS:** This section asks "THIS SERVICE PLAN MEETING WAS:" and provides checkboxes for "Face-to-Face Meeting", "Video Conference", "Telephone Conference/Conference Call", and "Other". It also includes fields for "SERVICE PLAN EFFECTIVE DATES" (START and END) and "DATE OF NEXT SERVICES PLAN REVIEW".
- SERVICE PLAN MEETING PARTICIPANTS:** A table with columns for "POSITION", "NAME", and "SIGNATURE". The rows are labeled: Student\*, Parent\*, District Representative\*, Intervention Specialist\*, General Education Teacher\*, and Other Agency Representative.
- PEOPLE NOT IN ATTENDANCE WHO PROVIDED INFORMATION AND RECOMMENDATIONS:** A table with columns for "POSITION", "NAME", "SIGNATURE", and "DATE". A note below states: "IF THE REGULAR EDUCATION TEACHER, INTERVENTION SPECIALIST, PARENTS, DISTRICT REPRESENTATIVE AND A REPRESENTATIVE FROM THE NONPUBLIC SCHOOL, THE CHILD IS ATTENDING OR A PERSON KNOWLEDGEABLE ABOUT THE INSTRUCTIONAL IMPLICATIONS OF THE EVALUATION DATA HAVE SIGNED AS NOT IN ATTENDANCE AT THE SERVICE PLAN MEETING, A WRITTEN EXCUSE MUST BE ON FILE."
- 5 SIGNATURES:** This section includes "INITIAL SP" with three checkboxes: "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.\*\*", and "I give consent to initiate special education and related services specified in this SP except for\*\*". It also has a line for "PARENTS' SIGNATURE:" and "DATE:". Below that is "COPY OF THE SP" with a note "A copy of the SP was given to the parents at the SP meeting." and checkboxes for "YES" and "NO".

At the bottom, it says "REVISED FROM: REVISED BY: GCE, FEBRUARY 03, 2009" and "PAGE 4/24".

This section is also used for those personnel who provided information or recommendations to the services plan team but did not attend the meeting or did not attend the entire meeting. These could include related service personnel, aides, tutors, other intervention specialists who provide services to the child or other regular education teachers who instruct the child. The date next to these signatures is the date that the team member signs this section of the form. The date for the signature of the member of the team who did not attend the meeting can be when the member provided his or her information to all team members, including the parents, or it can be after the completion of the services plan team meeting. If a services plan team member only provided information to the team and did not attend the entire services plan team meeting, the member is not to sign that he or she has attended the meeting.

Any services plan team member, **including the child**, who attended only a portion of the services plan team meeting would also sign in this section of the services plan. **A note can be added that the team member attended only a portion of the meeting.**

**Position:** Enter the position or title of each person who provided information or recommendations to the services plan team, but who did not attend the entire services plan meeting.

**Name:** Print the names of people who provided information or recommendations to the services plan team, but who did not attend the entire services plan team meeting.

**Signature:** Each member of the services plan team not in attendance at the entire services plan team meeting, but who provided information or recommendations to those members who were in attendance for the entire meeting, signs in the signature box of this section. Each member of the services plan team who is a required member of the team, but who was excused from attending the services plan meeting either in whole or in part, also must sign in this section.

**Date:** Enter the date that the team member actually signed this services plan form. The date for the signature of the member of the team who did not attend the meeting can be when the member provided his or her information to all team members, including the parents, or it can be after the completion of the Services Plan team meeting.

**If the regular education teacher, intervention specialist, parent, district representative, a person knowledgeable about the instructional implications of the evaluation data, or a representative of the nonpublic school the child is attending have signed as not in attendance at the Services Plan meeting, a written excuse must be on file:** This is a reminder to district personnel that anyone signing in the second box of this section, i.e., people who were required members of the services plan team and who provided information and recommendations but were not in attendance, must have a written excuse on file with the district that was signed by the parents or surrogate parent **and the school** district and also have documentation to prove that they provided their input to the team, including the parents, prior to the day of the meeting.

**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: \_\_\_\_\_

**COPY OF THE SP**

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

## 5 Signatures

### INITIAL SERVICES PLAN

**I give consent to initiate special education and related services in this services plan.\*:** Check this box if this is an initial services plan for the child and the parents of the child agree with all parts of the services plan. If all parties are in agreement, the district does not have to provide the parents with a prior written notice as the services plan serves as the prior written notice. An initial services plan is defined in the section entitled "Meeting Information."

**I do not give consent for special education and related services at this time\*\*:** Check this box if the parents are in disagreement with the entire initial services plan and will not give consent for the initial services plan to be implemented. If the parents do not consent to have any parts of the initial services plan implemented, the child cannot be served under

**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.\*\*

AREA: \_\_\_\_\_

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.

IDEA. If this box is checked, the district must provide the parents with a prior written notice. To determine if this is an initial services plan, see the explanation about an initial services plan in the "Meeting Information" section.

**I give consent to initiate special education and related services specified in the services plan except for\*\* AREA:** Check this box if this is an initial services plan for a child and the parents of the child agree with some parts of the services plan but not the entire services plan. On the line provided, summarize those parts of the services plan where the parents disagree. The district implements those parts of the services plan agreed to by the parents. If this box is checked, the district must provide the parents with a prior written notice. To determine if this is an initial services plan, see the explanation about an initial Services Plan in the "Meeting Information" section.

**Parents' Signatures:** If this is an initial services plan, have the parents sign in this space. To determine if this is an initial services plan, see the explanation about an initial services plan in the "Meeting Information" section.

**Date:** Have the parents enter the date that they sign consent to implement this initial services plan.

## ANNUAL REVIEW/REVIEW OTHER THAN ANNUAL REVIEW

**(CHANGE OF PLACEMENT\* DOES NOT APPLY TO A SERVICES PLAN EXCEPT FOR REVOCATION OF CONSENT\*)** (\* See Procedures and Guidance for Ohio's Educational Agencies Serving Children with Disabilities at [www.edresourcesohio.org/](http://www.edresourcesohio.org/) for an explanation of both terms, "change of placement" and "revocation of consent.")

This section of the services plan is completed when the services plan team is conducting an annual review of a services plan that is already in effect. This section appears when Annual Review/Review other than Annual Review or Other is chosen in Meeting Type.

**I agree with the implementation of this services plan\*:** Check this box if the parents are in agreement with all parts of the services plan and want the entire services plan implemented by the school district. If the parents and the school district are in agreement, the district does not have to provide the parents with a prior written notice as the services plan serves as the prior written notice.

**I revoke consent\* for all special education and related services.\*\*:** Check this box if the parents no longer want their child to receive any special education and related services. Checking this box will exit the child from special education supports and services. The district is no longer required to provide the child with the services that were agreed on with the nonpublic school. The district may not request mediation or a due process hearing to address the parents revocation of consent. If this box is checked, the district must provide the parents with a prior written notice.

**I am signing to show my attendance/participation at the services plan team meeting but I do not agree with the following special education and related services specified in this services plan\*\*:** Check this box when the parents are not in agreement with all parts of the services plan or are not in agreement with any part of the services plan. The parents should summarize all areas of disagreement in the space that appears when No is selected or note that they are disagreeing with the entire services plan. The school district must provide the parents with a prior written notice if this box is checked. Since parental consent is not required to implement a services plan that is not an initial services plan, the school district will implement the entire services plan even if the parents check this box.

**Parents Signature:** The parents sign in this space when the parents agree with all parts of the services plan or the parents are not in agreement with all parts of the services plan or the parents wish to remove their child from special education programming.

**Date:** Enter the date that the parents sign this section.

## COPY OF SERVICES PLAN

The parents can receive a copy of the services plan either at the conclusion of the services plan meeting or within 30 calendar days of the date of the services plan meeting. The school district must ensure that the parents receive a copy of the child's services plan at no cost to the parents.

When a services plan is amended, the school district shall send a copy of the amended services plan to the parents within 30 calendar days of the date that the services plan was amended.

**A copy of the services plan was given to the parents at the services plan meeting. Yes No:** Check the appropriate box as to whether or not the parents were provided with a copy of the services plan at the conclusion of the services plan meeting.

# SP Services Plan

Enter School Name

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

appropriate box as to whether or not the parents were provided with a copy of the services plan at the conclusion of the services plan meeting.

**If date to ents:**

# SP Services Plan

CHILD'S NAME: Jane Smith

1999-05-03      12345-6789

**No, sent par- lfa**

copy of the services plan was not provided to the parents at the services plan meeting, enter the month, day and year that a copy of the services plan was either sent or given to the parents. (The field appears when "No" is

selected.)

## Customizing the Form

Districts may add the district name to the Services Plan Form by entering the name in the field and saving the document. The District name will appear at the top of the first page and in the footer of subsequent pages.

The child's name, date of birth and ID number as entered on page 1 appear at the top of subsequent pages.



