

Seward Public Schools
Seward, Nebraska

**SERVICES PLAN
NONRESIDENT CHILD
PARENTALLY-PLACED
IN A NONPUBLIC SCHOOL**

Student Name	DOB	Age	M F	Grade	Today's Date
		Measurable Annual Goal(s) for Direct Service(s)			
Parent(s) Name	Parent(s) Address			Home Phone	
				Work Phone/Cell Phone	
				Email Address	
Nonpublic School	Child's Resident School District			Public School District Providing Services	
Parent concerns					
Present Levels of Education Performance					
Service Delivery Plan Schedule					
Date of Initiation of Services:			Anticipated Duration of Services:		
Description of Service(s) to be Provided by the Public School			Hours Per Week		Location
Direct Service					
Consultation					
Teacher Training					
Instructional Materials					
Equipment					
Transportation					

Documentation Of Participation In Meeting

The following individuals, as indicated by their signatures, participated in the development of this Services plan.

Parent/Guardian /Surrogate	Date	Parent/Guardian/Surrogate	Date
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Nonpublic School Representative	Date	Signature/Position	Date
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Signature/Position	Date	Signature/Position	Date
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Other	Date	Other	Date
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Notice To Parent Regarding Availability Of A Free Appropriate Public Education (FAPE)

Nonresident children with disabilities parentally-placed in a nonpublic school have no right to receive some or all of the special education and related services that would be available if the child was receiving special education services from their resident public school. The district in which your child resides will provide free appropriate public education in accordance with the Individuals with Disabilities Education Act (IDEA). Please contact - _____ at the _____ public school district if you elect for your child to have an Individualized Education Program (IEP) and the provision of a free and appropriate special education and related services.

***NOTIFICATION OF
SERVICES PLAN MEETING***

Date _____

To: _____
Parent/Address

(Child's name)
A services plan meeting has been scheduled for (proposed meeting date, time and place)

We must meet with you to develop your child's educational services plan. It is very important that you attend this meeting. With your input, we can develop an education services plan describing the specific services the district will provide in light of the services the school district will provide as determined through the consultation plan with nonpublic school representatives. If you would like, you may review your child's education records prior to the meeting. At this services plan meeting we will be discussing:

1. Your child's present levels of performance and educational needs;
2. Annual goal/s;
3. Services your child will receive.

In addition to you, the following people will be in attendance at the Services plan meeting:

1. _____, a special education teacher;
2. _____, a public school representative;
3. _____, a nonpublic school representative;
4. The following individuals who can help explain the evaluation results or who have special knowledge or expertise regarding you child or services that may be needed; _____
