

NONPUBLIC SERVICES PLAN



LOCAL SCHOOL DISTRICT OR INTERMEDIATE SCHOOL DISTRICT NAME

Student's Name	Last:	First:	Middle Initial:
Date of Review:	Date of Birth:	Grade:	Nonpublic School:
Resident District:		District in Which Nonpublic School Is Located:	
Parent's Name	Last:	First:	Middle Initial:
Address:			
City:		State:	Zip:

Participants

Check the box next to the member who can interpret the instructional implications of the evaluation results.

_____ Student (if appropriate)	<input type="checkbox"/> District Representative
_____ Parent	<input type="checkbox"/> General Education Teacher
_____ Parent	<input type="checkbox"/> Special Education Provider
_____ Representative of the Nonpublic School	<input type="checkbox"/> Other

Eligibility for Special Education

The student is eligible to receive special education under the certification of:

Statement of Need:

Annual Goals (attach goal page):

Ancillary Services

Ancillary Service	Frequency	Duration	Location

Transportation

If services are not provided in the nonpublic school, does the child require transportation to benefit from or participate in the services provided? Yes No

If yes, describe:

Other Considerations: