SP Services Plan

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

CHILD'S INFO	ORMATION				MEETING INFORMATION
NAME:		ID NUMBER:			MEETING DATE:
		GENDER:			MEETING TYPE:
		STATE: OH			INITIAL SERVICES PLAN
DATE OF BIRTH	:				ANNUAL REVIEW
		COUNTY OF RESIDENCE:			REVIEW OTHER THAN ANNUAL REVIEW
DISTRICT OF SE	RVICE:				AMENDMENT OTHER
Is the child a wa	ard of the state?	 YES [] NO [SERVICES PLAN TIME LINES
					ETR COMPLETION DATE:
					NEXT ETR DUE DATE:
					SERVICES PLAN EFFECTIVE DATES
ARENTS' / G	GUARDIAN IN	FORMATION			START:
NAME:					END:
					NEXT SERVICES PLAN REVIEW:
ITY:		STATE: OH ZIP:			
OME PHONE:		WORK PHONE:			
ELL PHONE:		EMAIL:			
NAME:					
ITY:		STATE: OH ZIP:			
OME PHONE:		WORK PHONE:			
ELL PHONE:		EMAIL:			
OTHER INFO	ORMATION:				
		only if amending the Services Pla		1 -	
		TRICT AND PARENTS HAVE AGRE DWING CHANGES TO THE SERVIC		DATE C AMENDM	PARTICIPANT & ROLE

SP	Services Plan	CHIL	LD'S NAME:	
1	MEASURABLE ANNUAL GO	DALS		
PRES	ENT LEVEL OF ACADEMIC ACHIEVE	MENT AND FUNCTIONAL PERFOR	MANCE	
MEAS	SURABLE ANNUAL GOAL			METHOD(S)
METH	OD FOR MEASURING THE CHILD'S F	PROGRESS TOWARDS ANNUAL GO	DAL	
	a. Curriculum Based Assessmentb. Portfoliosc. Observationd. Anecdotal Records	e. Short-Cycle Assessments f. Performance Assessments g. Checklists h. Running Records	i. Work Samples j. Inventories k. Rubrics	
	URABLE OBJECTIVES			
1	OBJECTIVE			
2				
3				
4				
5				
METH	☐ Phone call ☐ Journal entry ☐ The child's progress will be i ☐ Other Note: Progress Reports must be provided it	NG THE CHILD'S PROGRESS TO PArted every weeks reported to the child's parents each ti	me report cards are issued	

SP	Services Plan	
1	MEASURABLE ANNUAL GOALS	
NUM	BER:	
PRESE	INT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE	1
MEAS	URABLE ANNUAL GOAL	METHOD(S)
METHO	DD 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	
MEASU	JRABLE BENCHMARKS	
NUM	BENCHMARK	DATE OF MASTERY
1		
2		
3		
4		
5		
METHO	DD 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 	

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.

OT HED S NAME	CHIL	_D'S	NA	ME
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DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE		GOAL(s) ADDRESSED	PROVIDER	LOCATION OF SERVICES
SPECIALLY DESIGNED	D 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 TECHNOLO	OGY:			
BEGIN:	END:	AMOUNT OF TIME:		FREQUENCY:
	<u> </u>			
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 SCHO	OL PERSONNEL:			
BEGIN:	END:	AMOUNT OF TIME:		FREQUENCY:
SERVICE(S) TO SUPPO	ORT MEDICAL NEEDS:			
BEGIN:	END:	AMOUNT ØFTIME:/		FREQUENCY:
KEY: OPTI	IONAL ENTRY	NOT REQUIRED		

SP Services Plan	CHILD'S NAME:
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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.

Alternate Assessment, if chos	en, must app	oly to all tests taken.		
Will the child participate in cl	assroom, dis	trict wide and state wide assessments	with accommodations?	YES NO
AREA	GRADE	CHILDREN WILL BE TESTED:	DETAIL OF ACCO	DMMODATIONS
READING		☐ WITH ACCOMMODATIONS☐ MODIFIED ASSESSMENT		
WRITING		☐ WITH ACCOMMODATIONS☐ MODIFIED ASSESSMENT		
MATH		☐ WITH ACCOMMODATIONS☐ MODIFIED ASSESSMENT		
SCIENCE		☐ WITH ACCOMMODATIONS☐ MODIFIED ASSESSMENT		
SOCIAL STUDIES		☐ WITH ACCOMMODATIONS☐ MODIFIED ASSESSMENT		
OTHER		☐ WITH ACCOMMODATIONS☐ MODIFIED ASSESSMENT		
Reasons the child will not pa	rticipate in S	itatewide testing		
	g a curriculur	quences of not passing the Ohio Gradu		YES NO NO
The child requires acco	ommodation:	s that are beyond the accommodation	s allowed for children taking state	YES NO
The child is excused Reading Mathemat Writing Social Stud Science Met Testing Participation Rec	ics lies	onsequences of not passing the OC Date complete:	T in the following subjects:	YES □ NO □
Is the child participating in al	ternate asses			YES NO NO
,		, , , , , ,		

SP Services Plan		CHILD'S NAME:				
4 MEETING PARTICI	PANTS					
THIS SERVICE PLAN MEE	TING WAS:	SERVICE PLAN E	FFECTIVE DATES			
Face-to-Face Meeting		START:				
☐ Video Conference		END:				
Telephone Conference	e/Conference Call	DATE OF NEXT SERVICES PLAN REVIEW:				
Other		DATE OF NEXT SERVICES FEAR REVIEW.				
SERVICES PLAN MEETING THE FOLLOWING PEOPLE		HE MEETING TO DEVELOP THIS SERVICES PLAN				
POSITION	NAME	SIGNATURI	<u> </u>			
student*						
Parent						
Parent						
District Representative*						
ntervention Specialist*						
General Education Teacher*						
PEOPLE NOT IN ATTEND	ANCE WHO PROVIDED INF	ORMATION AND RECOMMENDATION	NS			
POSITION	NAME	SIGNATURE	DATE			

IF THE REGULAR EDUCATION TEACHER, INTERVENTION SPECIALIST, DISTRICT REPRESENTATIVE AND A REPRESENTATIVE FROM THE NONPUBLIC SCHOOL THE CHILD IS ATTENDING OR A PERSON KNOWLEDGABLE 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*.

CD c · DI CHILD'S NAME:			
SP Services Plan			
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 v special education and related services specified in this SP.**	vith the following		
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 t	he parents.		
PROCEDURAL SAFEGUARDS NOTICE		VEC	No 🗔
A copy of the Procedural Safeguards Notice was given to the parents at the Services Plan Meeting.		YES	NO [
IF NO, DATE SE	NT 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: