

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

PARENT/ GUARDIAN INFORMATION

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

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: _____
 SP EFFECTIVE DATES
 START: _____
 END: _____
 NEXT SERVICES PLAN REVIEW: _____

SP FORM STATUS

- (Check when complete)
- 1. MEASURABLE ANNUAL GOALS
 - 2. SPECIALLY DESIGNED SERVICES
 - 3. STATEWIDE AND DISTRICT WIDE TESTING
 - 4. EXEMPTIONS
 - 5. MEETING PARTICIPANTS
 - 6. SIGNATURES

OTHER INFORMATION:

AMENDMENTS: (Complete only if amending the SP)

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



MEASURABLE ANNUAL GOALS

NUMBER: 1 AREA: _____

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

MEASURABLE ANNUAL GOAL

METHOD(S) FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL

- | | | |
|---|---|--|
| <input type="checkbox"/> A. Curriculum Based Assessment | <input type="checkbox"/> E. Short-Cycle Assessments | <input type="checkbox"/> I. Work Samples |
| <input type="checkbox"/> B. Portfolios | <input type="checkbox"/> F. Performance Assessments | <input type="checkbox"/> J. Inventories |
| <input type="checkbox"/> C. Observation | <input type="checkbox"/> G. Checklists | <input type="checkbox"/> K. Rubrics |
| <input type="checkbox"/> D. Anecdotal Records | <input type="checkbox"/> H. Running Records | |

MEASURABLE OBJECTIVES

NUM	OBJECTIVE

FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD GOAL MASTERY TO THE CHILD'S PARENTS

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 district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability.

Reported every weeks



DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE	GOAL ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICE
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SPECIALLY DESIGNED INSTRUCTION:

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BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
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BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
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BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
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RELATED SERVICES:

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BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
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BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
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BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
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ASSISTIVE TECHNOLOGY:

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BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
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ACCOMMODATIONS:

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BEGIN:	END:
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SP Services Plan

CHILD'S NAME:

MODIFICATIONS:

BEGIN:

END:

SUPPORT FOR SCHOOL PERSONNEL:

BEGIN:

END:

SERVICE(S) TO SUPPORT MEDICAL NEEDS:

+

BEGIN:

END:



STATEWIDE AND DISTRICT WIDE TESTING

Is the child participating in the Alternate Assessment for Students with Significant Cognitive Disabilities (AASCD)? YES NO

Click below for guidance in considering AASCD:
[Ohio AASCD Participation Criteria](#)

Accessibility on district and statewide tests

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

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.

1. DISTRICT TESTING

(Note specific test or tests that student will be taking and any differences in allowable accommodations that may be test specific)

AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS
<input type="radio"/> ELA		
<input type="radio"/> Mathematics		
<input type="radio"/> Science		
<input type="radio"/> Social Studies		
<input type="radio"/> Other		

2. STATEWIDE TESTING

(Note specific test or tests that student will be taking and any differences in allowable accommodations that may be test specific)

AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS
<input type="radio"/> ELA		
<input type="radio"/> Mathematics		
<input type="radio"/> Science		
<input type="radio"/> Social Studies		
<input type="radio"/> Other		

Check when complete

4 EXEMPTIONS

Third Grade Reading Guarantee

Applicable NA

Does the child have a significant cognitive disability?

YES NO

If yes, the child is not required to take the reading diagnostic assessment and is, therefore, removed from all the provisions of the Third Grade Reading Guarantee (including retention).

If no, all data was considered and the following decided (check one):

Not to exempt the child from the retention provision of the Third Grade Reading Guarantee

To exempt the child from the retention provision of the Third Grade Reading Guarantee

Graduation Tests

Applicable NA

Is the child to be excused from the consequences of not passing required graduation tests?

YES NO

The child is excused from the consequences of not passing the required graduation tests in the following subjects:

Category	Course Title	Justification	+
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			

Other Assessments

Applicable NA

Assessment	Justification	+

Check when complete



MEETING PARTICIPANTS

THIS SERVICES PLAN MEETING WAS:

- Face-to-Face Meeting
- Video Conference
- Telephone Conference/Conference Call
- Other

SERVICES PLAN EFFECTIVE DATES

START: _____

END: _____

DATE OF NEXT SERVICES PLAN REVIEW: _____

SERVICES PLAN MEETING PARTICIPANTS

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

NAME (Print)	POSITION	SIGNATURE	DATE

PEOPLE NOT IN ATTENDANCE WHO PROVIDED INFORMATION AND RECOMMENDATIONS

NAME (Print)	POSITION	SIGNATURE	DATE

*IF THE GENERAL EDUCATION TEACHER, INTERVENTION SPECIALIST, DISTRICT REPRESENTATIVE OR PERSON KNOWLEDGABLE ABOUT THE INSTRUCTIONAL IMPLICATIONS OF THE EVALUATION DATA HAVE SIGNED AS NOT IN ATTENDANCE AT THE SP MEETING, A WRITTEN EXCUSE MUST BE ON FILE.

** THE STUDENT IS A PREFERRED MEMBER UP TO AGE 18 WHEN THEY BECOME A REQUIRED MEMBER UNLESS NO TRANSFER OF GUARDIANSHIP.



SIGNATURES

INITIAL SP

- I give consent to initiate special education and related services specified in this SP.*
- I give consent to initiate special education and related services specified in this SP except for **

AREA: _____

- I do not give consent for special education and related services at this time.**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

SP ANNUAL REVIEW (Not a Change of Placement)

- I agree with the implementation of this SP.*
- 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: _____

Note: Not a Change of Placement does NOT require a parents' signature to implement the SP.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

SP REVIEW (Change of Placement)

- I give consent for the change of placement as identified in this SP.*
- I do not give consent for the change of placement as identified in this SP.**
- I revoke consent for all special education and related services.**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PROCEDURAL SAFEGUARDS NOTICE

A copy of the Procedural Safeguards Notice was given to the parents at the Services Plan Meeting in the following form:

YES NO IF NO, DATE SENT TO PARENTS: _____

Transfer of Rights at Age of Majority

By the child's 17th birthday, the child and the child's parents or surrogate parent received a copy of their procedural safeguards notice informing them that the transfer of procedural safeguard rights under IDEA will take place on the child's 18th birthday. YES NO

CHILD'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

COPY OF THE SERVICES PLAN

A copy of the Services Plan was given to the parents at the SP meeting.

YES NO IF NO, DATE SENT TO PARENTS: _____

* The district must provide prior written notice to the parents summarizing the outcome of the SP meeting before implementing the SP.
** If there is not agreement or consent is revoked, the district must provide prior written notice to the parents.