

INDIVIDUAL SERVICES PLAN

Student's Name _____	Home School District _____	Grade _____	Birth Date _____	Age _____	Sex _____
Social Security # _____	SIMS # _____	Medicaid # _____			
Parent/Guardian's Name _____	Address _____	Home Phone Number: _____			
		Work Phone Number: _____			

Private School _____

Meeting Date: _____	Date Services Begin: _____
Annual Review Date: _____	3 Year Evaluation Due: _____
Date of Multidisciplinary Evaluation: _____	

Purpose of the Meeting:	
<input type="checkbox"/> Initial Individual Services Plan	<input type="checkbox"/> Parent/Guardian Request
<input type="checkbox"/> Annual Review of Individual Services Plan	<input type="checkbox"/> 3 Year Re-evaluation
<input type="checkbox"/> Dismissal from Services – Date _____	<input type="checkbox"/> Other (Specify) _____

Discussed: <input type="checkbox"/> Evaluation Results <input type="checkbox"/> Progress <input type="checkbox"/> Alternative Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No Parent/Guardian Initials _____	An annual copy of Parent/Guardian Rights was received and reviewed. <input type="checkbox"/> Yes <input type="checkbox"/> No Parent/Guardian Initials _____	Student is eligible for special education or special education and related services as determined by the placement committee. <input type="checkbox"/> Yes <input type="checkbox"/> No	Extended School Year needed: <input type="checkbox"/> No <input type="checkbox"/> To be determined by _____ <input type="checkbox"/> Yes Date _____
	Copy of Evaluation Results Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Parent/Guardian Initials _____	A copy of the Individual Services Plan was provided to parent/guardian. <input type="checkbox"/> Yes <input type="checkbox"/> No Parent/Guardian Initials _____	Parent/Guardian Declines Services. <input type="checkbox"/> Yes <input type="checkbox"/> No Parent/Guardian Initials _____ Date _____

Disability Category: _____ Placement: _____ Hours per week in General Education _____ Hours per week in Special Education _____ Transportation: _____	Related Services 1. _____ 2. _____ 3. _____ 4. _____	Hrs/Wk _____ _____ _____ _____	Classroom Modifications: Assessment Accommodations:
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Placement Committee Member Present	Signature	Date
Parent/Guardian	_____	_____
Parent/Guardian	_____	_____
Student	_____	_____
LEA Representative	_____	_____
General Education Teacher	_____	_____
Special Education Teacher	_____	_____
Other: (Specify)	_____	_____
Other: (Specify)	_____	_____
Other: (Specify)	_____	_____

ARDS 24:05:13:01(8) "Consent" means that the parent/guardian has been fully informed of all information relevant to the activity for which consent is sought, in the parent/guardian's native language, or other mode of communication; the parent understands and agrees in writing to the carrying out of the activity for which the parent/guardian's consent is sought, and the consent describes that activity and lists the records, if any, that will be released and to whom; the parent understands that the granting of consent is voluntary on the part of the parent/guardian and may be revoked at any time; and if a parent revokes consent, that revocation is not retroactive, occurred after the consent was given and before the consent was revoked. It does not negate an action that has

I understand that a student with a disability who is enrolled in a private school does not have the same individual rights to some or all of the special education and related services as a student who is enrolled in a public school. If I choose to enroll my child in a public school, an Individual Education Plan will be developed and he/she will receive a free appropriate education.

Parent/Guardian Signature _____ **Date** _____

PRESENT LEVELS OF PERFORMANCE

Student Name:

Based on evaluation, include academic achievement and functional performance (**strengths and weaknesses**) in the areas affected by the student's disability, including transition in the ISP to be in effect when the student turns 16; **parent concerns**; and how the student's disability affects the student's **involvement and progress in the general education curriculum**. (For a preschool child, how the disability affects his/her participation in appropriate activities.)

Title of Person(s) Responsible for Carrying out Goal:

1. ISP Goal:

Placement: _____	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Review 5
Progress: S = Sufficient Progress to meet goal by Annual Review I = Insufficient Progress to meet goal by Annual Review					

Teacher/therapist Comments:

Title of Person(s) Responsible for Carrying out Goal:

2. ISP Goal:

Placement: _____	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Review 5
Progress: S = Sufficient Progress to meet goal by Annual Review I = Insufficient Progress to meet goal by Annual Review					

Teacher/therapist Comments: