

STUDENT SERVICE PLAN FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS

_____ County Schools

Student's Full Name _____

Date _____

PART I STUDENT INFORMATION

Student's Full Name _____

Annual Review Date _____

Private/Parochial School _____

Date of Birth _____

Parent(s)/Guardian(s) _____

Grade _____ **Service Plan Grade** _____

Address _____

WVEIS# _____

City/State/Zip _____

Telephone _____

Reevaluation Due Date _____

Exceptionality _____

Meeting Type: Initial Annual Review

Reevaluation

Restart the Annual Review Yes No

Other _____

Restart the Annual Review Yes No

Transferred From: _____

Transferred Date: _____

PART II: DOCUMENTATION OF ATTENDANCE

Name	Signature	Position
_____	_____	Parent/Guardian
_____	_____	Parent/Guardian
_____	_____	Student
_____	_____	General Education Teacher
_____	_____	Special Education Teacher
_____	_____	Birth to Three Representative
_____	_____	Chairperson
_____	_____	
_____	_____	

The following people participated in the Student Service Plan Team meeting via an alternate method:

Name	Position	Alternate Method
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____