

GROTON PUBLIC SCHOOLS
Individual Service Plan for Non-Public School Students

1. Student Information

Student Name: _____ DOB: _____ Meeting Date: _____

SASID # _____ Case Manager: _____ Current Grade: _____

Private School: _____ Age: _____ Gender: _____ Female _____ Male

Home School: _____ School Next Year: _____

Race/Ethnicity: _____ American Indian or Alaskan Native _____ Asian/Pacific Island _____ Black
 _____ White _____ Hispanic

Student Address: _____

Student Instructional Language
 _____ English _____ Other Specify: _____

Home Dominate Language
 _____ English _____ Other Specify: _____

Parent/Guardian Address: _____

Student Home Phone: _____ Parent Home Phone: _____ Parent Work: _____

Surrogate: _____ Misc. Phone: _____

Address: _____

Initial/ReEval Date: _____ Next ReEval Date: _____

2. Primary Disability:

- | | | |
|--|---|----------------------------------|
| _____ Autism | _____ Emotional Disturbance | _____ Multiple Disabilities |
| _____ Traumatic Brain Injury | _____ Deaf-Blindness | _____ Other Hearing Impairment |
| _____ Speech or Language Impaired | _____ OHI-ADD/ADHD | _____ Dev. Delay (Ages 3-5 Only) |
| _____ Specific Learning Disabilities | _____ Orthopedic Impairment | _____ Intellectual Disability |
| _____ Hearing Impaired (Deaf or Hard of Hearing) | _____ Visual Impairment | _____ To Be Determined |
| | _____ Specific Learning Disability/Dyslexia | |

3. Reason for Meeting

_____ Develop Service Plan _____ Review/Revise Service Plan _____ Conduct Annual Review of Service Plan
 _____ Other: _____

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4. Individuals Present at Planning Meeting

Admin/Designee: _____
 Parent/Guardian: _____
 Parent/Guardian: _____
 Private School Rep: _____
 Private School Teacher: _____
 Special Ed Teacher: _____
 Student: _____
 Other: _____

School Psychologist: _____
 Social Worker: _____
 Speech/Language Pathologist: _____
 Nurse: _____
 Occupational Therapist: _____
 Physical Therapist: _____
 Other: _____
 Other: _____

5. Description of consultative services: (optional)

6. Services:

Services	Goal(s) #	Frequency	Responsible Staff	Service Implementer	Start Date	End Date	Site #

Sites:

1. Reg. Classroom; 2. Resource/Related Service Room; 3. Self-Contained Classroom; 4. Community-Based; 5. Other

7. Since the last Annual Review, has the student participated in school sponsored extracurricular activities with non-disabled peers? Yes No

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Requirements of Federal Law

This services plan is provided to comply with federal law for students with disabilities enrolled by their parents in private schools or facilities within the boundaries of a public school district. The Groton Public Schools district has determined the appropriate services to be provided under this services plan in consultation with representatives of the student's private school. The district has identified a proportionate share of federal funding for such services as required by the Individuals with Disabilities Education Improvement Act (IDEIA).

Under IDEIA, no private school child with a disability has an individual right to receive some or all of the special education and related services that the child would receive if enrolled in a public school. This means that students are not entitled to the same level of services that public school students receive. The district remains ready, willing, and able to develop an Individualized Education Program (IEP) and provide a free appropriate public education upon this student's enrollment and attendance in public school.

Parent Signature: _____

Private School Representative: _____ Date: _____

District Representative: _____ Date: _____

_____ Date: _____