

**Service Plan for Home Education Form
 Home Education and Children with Disabilities**

Student Name: _____ Grade : _____ Birth Date: _____

Parent Name : _____

Address: _____

Home Phone: _____ Email: _____

Servicing School: _____

Primary Disability: _____ Secondary Disability: _____

Child's Strengths:

Areas of Need: _____ Public School Option: _____
 _____ Other – Parent Responsibility: _____

Team Discussion _____

As the parent of a special education student being home educated, I understand that under NDCCC 15.1-23-14, I am responsible for the development of a service plan.

Parent Signature: _____ Date: _____

As a parent of a special education student being home schooled, I choose not to access any services thru the Grand Forks Public Schools. I understand that the student no longer has the procedural safeguards in place under IDEA except for the opportunity to review educational records.

Parent Signature: _____ Date: _____

Participants	Printed Name	Signature	Date
Parent			
Parent			
District Representative			
Special Ed. Teacher/Provider			
General Education Provider			