



Hillsboro School District Form

Services Plan

Date _____

Review Date _____

Student's Name _____ Birthdate _____

Case Manager _____

Address _____

Phone _____

Neighborhood School _____

Private School _____

Grade _____

Private School Teacher _____

Initial Eligibility _____

3 Yr Re-Eval Due _____

Eligibility _____

Hillsboro School District agrees to provide the following services and/or materials:

SERVICES AND/OR MATERIALS	ANTICIPATED AMOUNT LOCATION/FREQUENCY	PROJECTED DATES INITIATION/DURATION	PROVIDER: LEA, ESD, Regional

Other Services or Considerations _____

Extent of Non-Participation with Regular Education Students: _____% Explanation: _____

PARTICIPANTS IN SERVICE PLAN MEETING

Private School Representative/Title _____

District Representative/Title _____

Parent(s) _____

Other/Title _____

Student, When Appropriate _____

Other/Title _____

Procedural Safeguards Received



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Services Plan

Student's Name _____ Birthdate _____ Date _____

Present Level of Educational Performance

Measurable Annual Goal/Objectives

GOAL	OBJECTIVES	HOW PROGRESS WILL BE MEASURED



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Services Plan

Accommodations and Related Aids and Services

Student's Name _____ Birthdate _____ Date _____