

**STUDENT SERVICE PLAN FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS**

\_\_\_\_\_ County Schools

**Student's Full Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**PART VI: SERVICES**

A. Supplementary Aids, Services/Program Modifications	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y
B. Special Education Services	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y
C. Related Services	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y