

INDIVIDUAL SERVICE PLAN (ISP) For Private/Home School Students Unilaterally Placed by their Parents

Purpose: The purpose of this form is to document requirements mandated by law.

Instructions:

1. Under the IDEA, students with disabilities who are unilaterally placed by their parents in private/home schools are not entitled to a Free Appropriate Public Education (FAPE). The services that the Resident District must provide to these students are set forth in new provisions of the IDEA. The Resident District's policies and procedures relating to Service Plans apply only to students with disabilities who have been unilaterally placed by their parents in private/home schools. The Individual Service Plan policies and procedures are not applicable in the following situations:
 - a. students placed by parent or the Resident District in an alternative class or program;
 - b. students placed by a South Carolina mental health agency; or
 - c. students placed by the Courts or by the South Carolina Department of Social Services.
2. After consultation with private school representatives, the Resident District has decided that students with disabilities who are eligible for IDEA funding will be considered for services.
3. After consultation with private school representatives, the Resident District has decided that services will be provided by the Resident District as follows:
 - a. services for all disability categories will be considered;
 - b. academic support (consultation) in the areas of reading, written language or math; and
 - c. transportation (if necessary to benefit from or participate in the services).
4. If a student meets the Resident District's criteria, Resident District staff must develop a Service Plan for the student. Service Plans for private/home school students must be developed, reviewed, and revised in the same way that IEPs are. This means that the Resident District's procedures for the following requirements also apply to a Service Plan:
 - a. when an IEP must be in effect;
 - b. IEP meetings;
 - c. team memberships;
 - d. parent participation; and
 - e. the development, review, and revision of an IEP.
5. Complete the demographic information on the top of page 1. It is important to list the student's disability category(ies).
6. Based on the student's identified needs, complete the Special Education Services section of page 1. See No. 3 above regarding the limitation of services. It is recommended the "Anticipated Location" be in a public school setting or a neutral site.
7. Consult the resident district special education director regarding the "Anticipated Amount" for instruction and transportation, if needed.
8. Complete page 2 of 2 of the Service Plan based on the student's needs.
9. If you are serving a student, complete the Service plan (SP) log information every time you provide a service to the student or to his or her private school teacher/staff. Remember to note the transportation services provided to the student. This information is necessary to ensure that the Resident District meets its obligations.
10. You will also need to complete the Alternative Programs Tracking Sheet and submit weekly attendance data to the special programs secretary.

INDIVIDUAL SERVICE PLAN (ISP) PRIVATE SCHOOL STUDENTS UNILATERALLY PLACED BY PARENTS

STUDENT NAME: _____ BIRTHDATE: _____ GRADE: _____
 ATTENDING SCHOOL: _____ CASE MANAGER: _____ SPED TEACHER: _____
 ELIGIBILITY: _____ DATE OF ANNUAL REVIEW MEETING: _____
(List primary disability category first)
 3 YR. RE-EVAL DUE: _____ NEXT ANNUAL REVIEW DUE: _____

SPECIAL EDUCATION SERVICES TO BE PROVIDED

	Anticipated Amount of Specially Designed Instruction (per week; month)	Initiation Date:	Duration/Ending Date:	Anticipated Location
Communication (Speech/Language)				
Consultation ○ Reading ○ Math ○ Written Language				
Other				

SERVICE PLAN TEAM PARTICIPANTS

Parent/Guardian/Surrogate _____
 LRE _____
 Special Educator _____
 General Education Teacher _____
 Private School Representative _____
 Student _____
 Psychologist _____
 SLP _____

PRIVATE SCHOOL STUDENTS UNILATERALLY PLACED BY PARENTS

STUDENT NAME:

BIRTH DATE:

DATE OF SP:

Academic/Skill Area:

PRESENT LEVEL OF EDUCATION PERFORMANCE: (Includes information about strengths and weaknesses in this content strand/skill area and how the child's disability affects the child's involvement and progress in the general curriculum.)

ANNUAL GOAL: (Measurable goal to enable the child to be involved in and progress in the general curriculum and/or meet other educational needs within a year's time. To include: **CRITERIA, EVALUATION PROCEDURES, SCHEDULE FOR REVIEW**)

Annual Goal/Measureable	Criteria	Evaluation Procedures	Schedule for Review