



Montana  
Office of Public Instruction  
Denise Juneau, State Superintendent

opi.mt.gov

## SERVICES PLAN FOR PARENTALLY PLACED CHILD WITH DISABILITIES IN A PRIVATE SCHOOL

Student's Name		Initials	Birth Date	Age	Gender M F	Grade	Today's Date
Parent(s) Name			Parent(s) Address		Home Phone		
					Work Phone/Cell Phone		
					Email Address		
Private Elementary or Secondary School			Public School District in Which Student Resides		Public School District Providing Services		
<b>Optional Child Count Information</b>							
Disability Category				Race and Ethnicity			
<b>Optional Proportionate Share Information</b>							
District Total Proportionate Share Calculation: \$				Estimated Cost of Service Plan: \$			
<b>Educational Concerns</b>							
<b>Parents:</b>							
<b>Private School Representative:</b>							
<b>Public School Representative:</b> (Based on information from the most recent Child Study Team meeting)							
<b>Service Delivery Plan Schedule</b>							
<b>Date of Initiation of Services:</b>				<b>Anticipated Duration of Services:</b>			
<b>Description of Service(s) to be Provided by the Public School</b>				<b>Hours Per Week</b>		<b>Location</b>	
Direct Service							
Consultation							
Teacher Training							
Instructional Materials				<del> </del>			
Equipment				<del> </del>			
Transportation							

**Measurable Annual Goal(s) for Direct Service(s)**


**Documentation Of Participation In Meeting**

The following individuals, as indicated by their signatures, participated in the development of this Services Plan.

Parent/Guardian /Surrogate	Date	Parent/Guardian/Surrogate	Date
Private School Representative	Date	District of Service Representative	Date
Signature/Position	Date	Signature/Position	Date
Other	Date	Other	Date

**Notice To Parent Regarding Availability Of A Free Appropriate Public Education (FAPE)**

A child with disabilities, enrolled in a private school by a parent, has no right to receive some or all of the special education and related services that would be available if the child was enrolled in the public school. The district in which your child resides will provide free appropriate public education in accord with the Individuals with Disabilities Education Act (IDEA) if your child is enrolled 100 percent of the day in the public school. Please contact \_\_\_\_\_ at the public school district if you plan to enroll your child in the public school and want an Individualized Education Program (IEP) to provide special education and related services for your child.

**Consent for Services As Identified In The Services Plan**

I understand and consent to the services described in this Services Plan.

\_\_\_\_\_  
Parent/Adult Student

\_\_\_\_\_  
Date