

**VENTURA COUNTY SELPA INDIVIDUAL SERVICES PLAN (ISP)
FOR PARENTALLY – PLACED PRIVATE SCHOOL STUDENT**

STUDENT NAME: _____

District of Residence: _____

Meeting Purpose:

- _____ Initial
- _____ Review
- _____ Triennial Review

Dates:

Service Plan Meeting Date: _____
 Implementation Date: _____

Next Review Date: _____
 Triennial Review Date: _____

DOB: _____ Age: _____ Gender: _____
 Parent/Guardian: _____
 Address: _____

 Home Phone: _____
 Work Phone: _____
 Home Language: _____

Private School: _____
 Current Teacher: _____
 Home School: _____
 District Case Manager: _____
 Eligibility: _____
 Ethnicity: _____
 Student Language: _____

Health Information:

Vision: _____ Hearing: _____ Medication: _____

Parent/Student Concerns:

Summary of Current Educational Performance/Assessment:

Student's Strengths: _____

Student's Needs: _____

Describe how the disability affects his/her involvement in the general education curriculum. _____

This plan will be implemented as written unless parent declines services.

Signatures of Those in Attendance:

Administrator _____ Resource Specialist: _____

Speech-Language Pathologist: _____ Other: _____

Representative of Private School: _____

(If representative did not attend, specify how input was obtained: telephone writing.)

_____ I understand that my child is eligible for special education services and that an IEP will be implemented upon enrollment in public school. I will contact the administrator above if I decide to enroll my child in public school.

_____ I decline any services at this time.

Signature of Parent/Guardian/Authorized Representative

Date

Name: _____

Date of Meeting: _____

Measurable Annual Goal: _____

Objectives/Benchmarks _____

Measurable Annual Goal: _____

Objectives/Benchmarks: _____

Method for informing parent of progress toward goals: Writing Conference Phone Other
Person responsible: _____

Services (frequency, duration, location): _____

Percent of school day student receives special education services outside of general education:

Suggested Accommodations/Modifications of General Education Program: _____

Other (may include transition services for students sixteen and older or transfer of rights at age 18):

Supports for School Personnel as Needed:

Consultation. Area(s) _____
Contact Case Manager to request.

Staff Development. Topics: _____

Contact _____ at (phone) _____ to request.