

**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.