

## **RURAL CHAMPAIGN COUNTY SPECIAL EDUCATION COOPERATIVE**

807 N. Mattis Ave, Champaign, IL 61821 217-892-8877 FAX: 217-893-8627

SPECIAL EDUCATION SERVICE PLAN								
School Year:	Date of Meeting:							
Purpose of meeting:								
Parent notification of meeting: Method:								
STUDENT INFORMATION								
Student Name:	Primary Language: Student							
DOB: Dist. ID	Home							
Gender Ethnicity	Primary Mode of Communication							
Parent/Guardian:	Primary Disability							
Address	Secondary Disability(ies)							
City/State/Zip								
Phone Wk Phone								
Parent/Guardian (Noncustodial)	Resident District							
Educational Surrogate	District of Attendance							
Phone:								
Address:								
City/State/Zip								
PRIVATE SCHOOL INFORMATION								
School of Attendance:	Phone:							
Classroom Teacher:								

## **Conference Information**

The IEP team has developed a service plan, which describes the type of special education and related services my child will receive. I have met with the team and understand that if my child were enrolled in a public school, s/he would be provided with an Individual Education Plan outlining a free and appropriate public education. However, since I am electing to enroll my child in a (a private/parochial/home school), my child will receive a Service Plan.

Student Name:	
Special Education Service Plan – Page 2	

## **DESCRIPTION OF SERVICES**

SPECIAL EDUCATION	Primary Implementer	Start Date	Duration	Minutes per Week	Regular Division	Special Education	Consultation	Direct
RELATED SERVICES								