Individual Services Plan

Student Name _____ ID # _____ Date of Meeting _____

Base School _____ DOB _____ Grade _____ Disability _____

Parent _____ Eligibility Date _____

Address _____ Phone (H) _____ (W) _____

Signatures of Persons Participating in this Services Plan

_____ Parent/Guardian	_____ Principal/Designee
_____ Special Education Teacher	_____ General Education Teacher
_____ Private School Representative	_____ Other/Position
_____ Other/Position	_____ Other/Position

Summary of Services

Service	Frequency Hours per	wk	mo	Begin Date	End Date	Begin Date	End Date

Site where services will be delivered: _____

Site managing services: _____

PARENT/GUARDIAN CONSENT

Fairfax County Public Schools (FCPS) and the parent(s)/guardian of the student, agree that FCPS has offered the student a free and appropriate public education through an Individualized Education Program (IEP).

Parent(s)/guardian have declined the offer of an IEP and have placed the student in the _____ private school at their expense. The parent(s)/guardian agreed that FCPS has no responsibility for the cost of the private school placement.

I agree with the contents of this Individual Services Plan. I have received a copy of *Parent Information Regarding Children with Disabilities Enrolled by Their Parents in Private Schools*.

_____ _____

Signature of Parent or Eligible Student Date

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.