

**Bibb County Schools
SERVICES PLAN (SP)
FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS**

SP Meeting Date: / /		Purpose of SP Meeting : Initial <input type="checkbox"/> Annual Review <input type="checkbox"/> Amendment <input type="checkbox"/>		
Student Name:		Date of Birth: / /	Grade:	School Year:
Eligibility Category(s):			Most Recent Eligibility Date(s): / /	
Private School:				
Parent(s):				
Address:			Email:	
Phone (home): 478-		(work):	(cell phone):	

TEAM MEMBERS IN ATTENDANCE

Special Education Teacher:	Parent/Guardian:
Regular Education Teacher:	Student:
School System Representative:	Name/Title:
Private School Representative:	Name/Title:

SPECIAL EDUCATION SERVICES

Special Education Service(s)/Related Services	Minutes or Segments	Initiation of Service(s)	Duration of Service(s)	Provider Title(s)	Location	
					Regular Education	Special Education

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Results of initial or most recent evaluation and results of state and district assessments:
Description of academic, developmental, and/or functional strengths:
Description of academic, developmental, and/or functional needs:
Parental concerns regarding their child's education:
Impact of the disability on involvement and progress in the general education curriculum :

CONSIDERATION OF SPECIAL FACTORS

- Does the student have behavior which impedes his/her learning or the learning of others? Yes No
 - Does the student have Limited English proficiency? Yes No
 - Is the student blind or visually impaired? Yes No
 - Does the student have communication needs? Yes No
 - Is the student deaf or hard of hearing? Yes No
 - Does the student need assistive technology devices or services? Yes No
- If yes to any of the above, describe below.**

Student Name:

DOB: / /

TRANSITION PLAN – If transition services are to be provided to the student (no later than entry into 9th grade or by age 16, whichever comes first) attach transition plan to the SP.

STUDENT SUPPORTS To advance appropriately toward attaining annual goals; to be involved and progress in the general curriculum; to be educated and participate with other non-disabled students, the following accommodations, supplemental aids and services, and/or supports for school personnel will be provided.

Instructional Accommodations
Classroom Testing Accommodations
Supplemental Aids and Services
Supports for School Personnel

ANNUAL GOALS

Annual Goal: The annual goals are developed to address deficits as described in the present levels of academic achievement and functional performance.	Criteria for Mastery	Method of Evaluation	Progress at Reporting Period			
			1 (Date)	2 (Date)	3 (Date)	4 (Date)
			/ /	/ /	/ /	/ /
			/ /	/ /	/ /	/ /
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REPORT OF STUDENT PROGRESS

When will the parents be informed of the student’s progress toward meeting the annual goals? / / .

TRANSFER OF RIGHTS (Required by age 17): _____ was informed on / / of his/her rights, if any, that will transfer at age 18.
(Student name)

RIGHTS WERE TRANSFERRED (Required by age 18): _____ was informed on / / of his/her rights.