

FSM DEPARTMENT OF EDUCATION SPECIAL EDUCATION PROGRAM

Private School Service Plan

Student Name:				
Last:		First:		Middle:
Mailing Address:				
Village or Municipality:				
DOB:		School:		Grade:
Parent/Guardian Name(s):				Home Phone:
Present Level of Academic Achievement and Functional Performance and How Disability Affects Involvement and Progress in the General Education Curriculum:				
Statement of Measurable Annual Goals including Academic and Functional Goals:				
Services and Modifications:				
Statement of the Special Education and Related Services and Supplementary Aids and Services (as determined by FSM Private School Policy):				
Statement of Program Modification or Supports for School Personnel that will be provided:				
Progress Reports:				
Description of how child's progress toward meeting the annual goals will be measured:				
Schedule for Provision of Periodic Progress Reports to Parents:				
Service	Frequency (How often)	Duration (Length of time)	Location	Implementation Date
Transition:				
Statement of Measurable Post-secondary Goals:				
Transition Services:				