



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
EXCEPTIONAL STUDENT EDUCATION (ESE)  
**Services Plan for Parentally Placed  
Private School Students With Disabilities**

Free appropriate public education has been offered to the student named below. The parent/guardian elects to enroll the student in a private school. This form is completed by the Palm Beach County School District Private Schools Liaison for the purpose of providing special education services to potentially placed private school students with disabilities.

STUDENT NAME ( <i>last, first, middle initial</i> )	DATE OF BIRTH	SEX	GRADE	STUDENT NUMBER
PRIVATE SCHOOL	CURRENT DATE	REEVALUATION DATE	END DATE	

**PROCEDURAL SAFEGUARDS**

- SUMMARY OF PROCEDURAL SAFEGUARDS** (in the home language) has been received by and an explanation was given to the parent(s) or guardian(s) of the student. Parent/Guardian initials: \_\_\_\_\_
- Parent received *Summary of Procedural Safeguards* and waived rights for explanation. Parent/Guardian initials: \_\_\_\_\_
- Parent was not in attendance. Copy of *Summary of Procedural Safeguards* was sent home on: \_\_\_\_\_

Primary language or mode of communication of parent/guardian if other than English \_\_\_\_\_

Interpreter/translator provided:  N/A  Yes  No If no, explain \_\_\_\_\_

**CONFERENCE TYPE** (*Check all that apply*)

- Initial     Annual review     Reevaluation     Interim review (*date*) \_\_\_\_\_

**AREAS OF ELIGIBILITY** \_\_\_\_\_ Primary Exceptionality

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> A. Educable Mentally Handicapped  | <input type="checkbox"/> H. Deaf or Hard of Hearing         | <input type="checkbox"/> O. Dual-Sensory Impaired              |
| <input type="checkbox"/> B. Trainable Mentally Handicapped | <input type="checkbox"/> I. Visually Impaired               | <input type="checkbox"/> P. Autistic                           |
| <input type="checkbox"/> C. Orthopedically Impaired        | <input type="checkbox"/> J. Emotionally Handicapped         | <input type="checkbox"/> Q. Severely Emotionally Disturbed     |
| <input type="checkbox"/> D. Occupational Therapy           | <input type="checkbox"/> K. Specific Learning Disabled      | <input type="checkbox"/> S. Traumatic Brain Injured            |
| <input type="checkbox"/> E. Physical Therapy               | <input type="checkbox"/> L. Gifted                          | <input type="checkbox"/> T. Developmentally Delayed (age: 0-5) |
| <input type="checkbox"/> F. Speech Impaired    F    V    A | <input type="checkbox"/> M. Hospital/Homebound              | <input type="checkbox"/> V. Other Health Impaired              |
| <input type="checkbox"/> G. Language Impaired    (circle)  | <input type="checkbox"/> N. Profoundly Mentally Handicapped |  |

**SIGNATURES**

The following individuals were in attendance at the Services Plan meeting and participated in the development of the Services Plan. Marked (\*) signatures indicate individuals who must be in attendance:

PARENT/GUARDIAN	GENERAL EDUCATION TEACHER *	NAME/TITLE
PARENT	ESOL TEACHER	NAME/TITLE
LEA REPRESENTATIVE *	STUDENT	NAME/TITLE
ESE TEACHER / ESE SERVICE PROVIDER *	NAME/TITLE	NAME/TITLE
EVALUATION SPECIALIST *	NAME/TITLE	NAME/TITLE

STUDENT NAME (last, first, middle initial)
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**TEAM CONSIDERATIONS** The Services Plan Team has considered:

CONSIDERED N/A

- the assistive technology or equipment needs for the student.
- the communication and language needs for the student.
- evaluation/reevaluation results.
- positive behavior interventions, strategies, and supports for students whose behavior impedes learning.
- the need for Braille instruction for students who are blind or visually impaired.
- for students who are deaf or hard of hearing, opportunities for direct communication in the student's language and communication mode.
- the language needs of the student as they relate to the Services Plan (in the case of a student with Limited English proficiency).

Strengths of Student \_\_\_\_\_  
\_\_\_\_\_

Parent Input \_\_\_\_\_  
\_\_\_\_\_

**TRANSITION STATEMENT**  N/A Student not age appropriate.

- 14-15 years old** or will turn 14 during the current Services Plan duration. Transition service needs may be addressed through components of the Services Plan that focus on the student's course of study. Provide a brief description of the student's course of study.

Student will take \_\_\_\_\_ course of study, leading to (desired Post school outcome)

\_\_\_\_\_  
\_\_\_\_\_

- 16 years old** or will turn 16 during the current Services Plan duration (complete Services Plan Transition Plan (PBSD \_\_\_\_))  
The following is an outcome statement that describes a direction and vision of the student's post-high school plans from the perspective of the student, parent, and team members.

Student will take \_\_\_\_\_ course of study, leading to (desired Post school outcome)

\_\_\_\_\_  
\_\_\_\_\_

**Responsibilities and/or Linkages for Transition Services:**

How were agency representative(s) invited? (check below and provide date)

<input type="checkbox"/> WRITTEN	<input type="checkbox"/> PHONE	<input type="checkbox"/> OTHER AGENCY
Date	Date	Specify Agency <span style="float: right;">Date</span>

Agency Represented \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_  
AGENCY REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

If agency representative(s) were not in attendance, describe the method(s) of obtaining input:

\_\_\_\_\_  
**Transfer of Rights** Check if the student has been informed of transfer of rights at least one year prior to reaching the age of majority (18). Indicate the date when this occurred.

- Student was informed. Date of notification: \_\_\_\_\_ How was the student notified? \_\_\_\_\_
- Parent was informed. Date of notification: \_\_\_\_\_ How was the parent notified? \_\_\_\_\_

STUDENT NAME (last, first, middle initial)
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**SPECIAL EDUCATION SERVICES/RELATED SERVICES**

What	How Often	Where	By Whom

**ACCOMMODATIONS / PROGRAM MODIFICATIONS / SUPPLEMENTAL AIDS AND SERVICES**

What	How Often	Where	By Whom

An explanation of the extent, if any, to which the student will not participate with non-disabled students in the regular classroom.

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**SUPPORT NEEDED FOR SCHOOL PERSONNEL**  No Support Services required at this time.

The team recommends the following training/support be provided to personnel listed below to assist with implementing the student's Services Plan .

School Personnel	Needs	Who Is Responsible	Projected Date

<p>Services delineated on the Services plan, unless otherwise indicated,  will initiate _____ and have an anticipated duration through _____ and  will initiate _____ and have an anticipated duration through _____</p>
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**SERVICES PLAN NOTES**

Date: \_\_\_\_\_

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THE SCHOOL DISTRICT OF PALM BEACH  
**Services Plan (SP)**  
**Post Secondary Transition Plan**

STUDENT NUMBER	PAGE NUMBER of
DATE OF BIRTH / /	CURRENT DATE / /

STUDENT NAME <i>(last, first, middle initial)</i>	PRIVATE SCHOOL
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**Present Levels of Educational Performance** Based upon \_\_\_\_\_  
 Student is currently able to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Effects of disability on students involvement in general education plan  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Measurable Annual Goal**

The student will \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 by (date or time line) \_\_\_\_\_  
 with (criterion for mastery) \_\_\_\_\_  
 as measured by (evaluation) \_\_\_\_\_  
 Persons responsible \_\_\_\_\_

**Short Term Objectives/Benchmarks**

- |                             |                             |
|-----------------------------|-----------------------------|
| 1.) _____<br>_____<br>_____ | 3.) _____<br>_____<br>_____ |
| 2.) _____<br>_____<br>_____ | 4.) _____<br>_____<br>_____ |

The Transition SP Team believes that no services are needed at this time in the following activity area(s) because:

Instruction	
Community Experiences	
Employment	
Postschool Adult Living	

Parents will be notified of their child's progress toward the annual goal at least as often as parents of nondisabled students.  
 Parents will receive progress updates toward annual goals \_\_\_\_\_ times per year.

<b>KEY:</b> NA = Not Attempted NP = No Progress SP = Some Progress AM = Almost Mastered M = Mastered	Is student likely to meet the goal at end of SP year?	YES	NO	Is student likely to meet the goal at end of SP year?	YES	NO		
	1.) Date _____	NA	NP	SP	AM	M	<input type="checkbox"/>	<input type="checkbox"/>
	2.) Date _____	NA	NP	SP	AM	M	<input type="checkbox"/>	<input type="checkbox"/>
	3.) Date _____	NA	NP	SP	AM	M	<input type="checkbox"/>	<input type="checkbox"/>
	4.) Date _____	NA	NP	SP	AM	M	<input type="checkbox"/>	<input type="checkbox"/>
	5.) Date _____	NA	NP	SP	AM	M	<input type="checkbox"/>	<input type="checkbox"/>
	6.) Date _____	NA	NP	SP	AM	M	<input type="checkbox"/>	<input type="checkbox"/>
	7.) Date _____	NA	NP	SP	AM	M	<input type="checkbox"/>	<input type="checkbox"/>
	8.) Date _____	NA	NP	SP	AM	M	<input type="checkbox"/>	<input type="checkbox"/>



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
**Services Plan (SP) Annual Goal and  
 Short-term Objectives/Benchmarks**

STUDENT NUMBER	PAGE NUMBER
	of
DATE OF BIRTH	CURRENT DATE
/ /	/ /

STUDENT NAME <i>(last, first, middle initial)</i>	PRIVATE SCHOOL
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**Present Levels of Educational Performance** Based upon \_\_\_\_\_

Student is currently able to

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Effects of disability on students involvement in general education plan

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**Measurable Annual Goal**

The student will \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

by (date or time line) \_\_\_\_\_

with (criterion for mastery) \_\_\_\_\_

as measured by (evaluation) \_\_\_\_\_

**Short Term Objectives/Benchmarks**

1.) _____ _____ _____ _____	3.) _____ _____ _____ _____
2.) _____ _____ _____ _____	4.) _____ _____ _____ _____

Parents will be notified of their child's progress toward the annual goal at least as often as parents of nondisabled students.

Parents will receive progress updates toward annual goals \_\_\_\_\_ times per year.

<b>KEY:</b> NA = Not Attempted NP = No Progress SP = Some Progress AM = Almost Mastered M = Mastered	Is student likely to meet the goal at end of SP year? YES NO	Is student likely to meet the goal at end of SP year? YES NO
	1.) Date / / NA NP SP AM M <input type="checkbox"/> <input type="checkbox"/>	5.) Date / / NA NP SP AM M <input type="checkbox"/> <input type="checkbox"/>
	2.) Date / / NA NP SP AM M <input type="checkbox"/> <input type="checkbox"/>	6.) Date / / NA NP SP AM M <input type="checkbox"/> <input type="checkbox"/>
	3.) Date / / NA NP SP AM M <input type="checkbox"/> <input type="checkbox"/>	7.) Date / / NA NP SP AM M <input type="checkbox"/> <input type="checkbox"/>
	4.) Date / / NA NP SP AM M <input type="checkbox"/> <input type="checkbox"/>	8.) Date / / NA NP SP AM M <input type="checkbox"/> <input type="checkbox"/>