Vermilion Association for Special Education
15009 Catlin-Tilton Road – Suite B Danville, IL 61834
217.443.8273 217.443.0217 Fax

SPECIAL EDUCATION SERVICE PLAN

School Year: Date of Meeting:

Purpose of meeting:

Parent notification of meeting: Method: Date:

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: Public School Case Manager

Address: Re-evaluation Due Date

City/State/Zip

PRIVATE SCHOOL INFORMATION

School of Attendance: Phone:

Classroom Teacher: Contact Person:

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:

DESCRIPTION OF SERVICES

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