## INDIVIDUALIZED SERVICE PLAN (ISP)

Student's Name:		DOB:		Gra	ade:		
Parents:							
Home Phone:	Work Phone:						
Local Educational Agency (District where p	orivate school is located/LEA):_						
District of Residence/DOR:		Home School:					
Private School:		Private School Phone:					
Check one of the following two boxes:							
☐ The above-named student is eligible for a Accordingly, the <b>DOR</b> has offered a free (IEP), on By their	appropriate public education, (FA signatures below, the student's p	APE), available	to the stude	ent by developing ar			
the <b>DOR</b> has offered a FAPE available     the IEP developed on							
□ The above named student is eligible for sto enroll in private school without the cothe development of an IEP. Accordingly public school. By their signatures below, to enroll the student in the following private in the following private control in the followi	nsent of, referral by, or payment ly, the <b>DOR has offered</b> to developed the student's parents decline <b>the</b>	by the DOR. TI op an IEP if and development	ne student d when the of an IEP a	's parents have ma student's parents ex at this time and sta	ade it clear that xpress an intere	t they are n	ot interested in
Pursuant to the Individuals with Disabilities Eddisabilities consistent with their number and lo 1412(a)(10)(A), and the Kern County Consorti explained to the student's parents. By their si	cation in the State using a propor um SELPA's <i>Policy for Parentall</i> y	rtionate share o Placed Private	f federal full School Ch	nding. This obligatio nildren with Disabiliti	on is set forth in es. This policy I	the IDEIA-2	2004, 20 USC
After appropriate consultation with represent placed private school children with disabilities.	·	with disabilities	, the LEA h	as decided to offer	the services as	listed below	to parentally
he LEA hereby offers the following service(  Individualized Service Plan Service)	· :	Begin	End	Location	Frequency		Provider
All services on this ISP will continue until next review unl		<b>Date</b> (current yr)	Date	Location	rrequency	Minutes	Trovider
1							
3							
4							
)							

Check one of the following boxes:			
<ul><li>It is not appropriate to develop goal(s) an</li><li>It is appropriate to develop goal(s) and of</li></ul>		rice(s). (s). See attached <b>LEA</b> Goals and Objective	es Form.
Personnel Responsible for Implementation of Ind	vidualized Service Plan Service(s):		
Parents check one of the following two boxes if <b>s</b> I consent to the above-specified service  I decline the above-specified service(s)	e(s) to my child.	II in private school:	
Parent:	Date:		
Parent:	Date:		
Administrator/Designee:	Title:	Date:	
Service Provider:	Title:	Date:	
Other:	Title:	Date:	
Private School Representative:	Title:	Date:	
Private School Representative:	Title:	Date:	
<ul><li>2) intend to continue the student's unilatera</li><li>3) desire to have a new assessment to determine</li></ul>	Il placement at the private school for the Il placement at the private school for the rmine if child is eligible for Special Educ	following school year and continue to <b>rece</b> following year and discontinue <b>receiving</b>	
Annual Review Date:	Triennial Review Date:		