



Check one of the following boxes:

- It is not appropriate to develop goal(s) and objectives for the above-specified service(s).
- It is appropriate to develop goal(s) and objectives for the above specified service(s). See attached **LEA** Goals and Objectives Form.

Personnel Responsible for Implementation of Individualized Service Plan Service(s): \_\_\_\_\_

Parents check one of the following two boxes if **student** is enrolling or continuing **to enroll** in private school:

- I consent to the above-specified service(s) to my child.
- I decline the above-specified service(s) to my child at this time.

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

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

Administrator/Designee: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Service Provider: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Private School Representative: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Private School Representative: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Note to Parents/Guardians: You will receive an annual letter requesting information regarding whether you:

- 1) intend to continue the student's **unilateral** placement at the private school for the following school year and continue to **receive an ISP**.
- 2) intend to continue the student's **unilateral** placement at the private school for the following year and discontinue **receiving an ISP**.
- 3) desire to have a new assessment to determine if child is eligible for Special Education services under an IEP.

Annual Review Date: \_\_\_\_\_

Triennial Review Date: \_\_\_\_\_