

Clark County School District
Student Services Division

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

SERVICE PLAN
FOR PARENTALLY ENROLLED CHILDREN WITH DISABILITIES IN PRIVATE/HOME SCHOOLS

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Zoned School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I have met with the IEP team and participated in the development of an IEP, which describes a Free and Appropriate Public Education for my child. However, I am electing to enroll my child at/in \_\_\_\_\_ (home school or name of private school). I understand that the Clark County School District does not have any obligation to provide a Free and Appropriate Public Education to children parentally placed in private or home school programs.

Parent Signature

Listed below are the service that will be provided to this student for the duration of the Annual IEP dated \_\_\_\_\_ .

Table with 6 columns: SERVICES, CONSULT/DIRECT, BEGINNING DATE, ENDING DATE, FREQUENCY OF SERVICES, LOCATION OF SERVICES

I understand that my child, named above, is eligible for Special Education and Related Services through the Clark County School District. At this time, I do not wish to access the services listed above. I understand that it is my responsibility to contact the Clark County School District if I am interested in receiving services for my child in the future.

Parent/Guardian Signature: \_\_\_\_\_

Staff Signatures:

Staff signature lines with Title and Name fields for four staff members.

Questions and concerns pertaining to provision of services to parentally placed students in private or home school programs may be directed to the Nevada Department of Education.