

Service Plan

Student's Full Name:

Meeting Date:

Student Information

Student's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Service Plan Grade(s): \_\_\_\_\_ Age: \_\_\_\_\_  
Parent(s)/Guardian(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
School: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Meeting Date: \_\_\_\_\_ Purpose: \_\_\_\_\_  
Review Due: \_\_\_\_\_ Finalized: \_\_\_\_\_

Eligibility

Applicable Eligibility:

\_\_\_\_\_

Service Plan Team

Name	Role	Signature	Method
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Transfer Student Information

If this student was receiving services in another district or state, please include information about that here.

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Consideration of Factors for Service Plan Development / Annual Reviews

In developing each student's Service Plan, the Service Plan Team must consider:

- Strengths of the student;
- Concerns of the parents for enhancing the education of their child;
- Results of the initial evaluation or most recent evaluation of the student; and
- Academic, developmental and functional needs of the student.
- Special factors as applicable

If the student understands instructional content at grade level, but is unable to read with sufficient accuracy and fluency to support comprehension at the same rate as his/her peers; or cannot physically manipulate the print medium; or due to blindness/low vision cannot see standard print materials, then refer to the Accessible Educational Materials guidance documents on the WVDE website.

\_\_\_\_\_ Is the student identified as gifted?

\_\_\_\_\_ Does the student need assistive technology devices or services?

\_\_\_\_\_ Does the student have communication needs?

\_\_\_\_\_ Does the student's behavior impede his or her learning or that of others?

\_\_\_\_\_ Does the student have blindness or low vision?

\_\_\_\_\_ Is the student deaf or hard of hearing?

\_\_\_\_\_ Does the student have limited English proficiency?

\_\_\_\_\_ Does the team intend to invite a representative from a participating agency to the NEXT meeting to discuss transition services?

\_\_\_\_\_ Will this address Transition Services?

\_\_\_\_\_ Are additional evaluations needed?

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## Assessment Data

### Interim, Formative, Transition, and Additional Assessment Data

Using current, annual data, list the interim, formative, and transition assessments that have been used with the student and describe the results and implications for specially designed instruction. This could include data relevant to student behavior, setting demands, work habits/ learning skills, technology skills, workplace skills, independent living skills, performance based assessments. Describe the results and implications for specially designed instruction.

Assessment:	Date:	Results/Implications:
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Present Levels of Academic Achievement and Functional Performance

Area:

Present Level:

Area:

Present Level:

Area:

Present Level:

Service Plan

Student's Full Name:

Meeting Date:

**Area:**

**Expectation:**

**Present Level:**

**Impact:**

**Area:**

**Expectation:**

**Present Level:**

**Impact:**

**Service Plan**

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**Meeting Date:**

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**Standard Type**

Grade Level:

Standards Version:

Grade Level:

Standards Version:



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Annual Goals

How and when will the student's progress toward the Service Plan goals be reported to the parent(s)?

How:

When:

Area:

Critical:

Area:

Critical:

Area:

Critical:

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**Services**

School and parent agree that services may be initiated within fewer than 5 (five) days.

<b>Supplementary</b>	<b>Env.</b>	<b>Extent / Frequency</b>	<b>From Date</b>	<b>Duration</b>
<b>Special Education Services</b>	<b>Env.</b>	<b>Extent / Frequency</b>	<b>From Date</b>	<b>Duration</b>
<b>Related Services</b>	<b>Env.</b>	<b>Extent / Frequency</b>	<b>From Date</b>	<b>Duration</b>
<b>Extended School Year</b>	<b>Env.</b>	<b>Extent / Frequency</b>	<b>From Date</b>	<b>Duration</b>

**Environment Key**

SEE-C: Concurrent Special Education | GEE: General Education Environment | SEE: Direct Special Education Environment |  
 ESY: Extended School Year | INDIRECT: INDIRECT | OSE: Out of School Environment |  
 GEE-S: Supplementary General Education Environment | TRANSP: Transportation | ALL: All Settings |Settings

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## Least Restrictive Environment (LRE) Code

Percentage of time in: \_\_\_\_\_ General Education Environment \_\_\_\_\_ Special Education Environment

LRE Code:

Percentage of time in: \_\_\_\_\_ General Education Environment \_\_\_\_\_ Special Education Environment

LRE Code:

## Least Restrictive Environment (LRE) Considerations

The Service Plan Team has considered:

\_\_\_\_\_ Annual placement determination based on the Service Plan.

\_\_\_\_\_ Only schools and classroom settings appropriate to the student's chronological age.

\_\_\_\_\_ Education in a general classroom with the use of supplementary aids and services.

\_\_\_\_\_ Potentially harmful effects of the selected LRE placement on the student and the quality of the student's services.

\_\_\_\_\_ Education with age-appropriate non-exceptional peers.

\_\_\_\_\_ Placement as close to home as possible, in the school the student would normally attend if not exceptional, unless the Service Plan requires other arrangements.

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**Prior Written Notice**

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As a result of:

The school is proposing to \_\_\_\_\_ the educational evaluation or reevaluation of the student.

Specifically, the school is proposing:

The school is proposing this action because:

The evaluation procedures, assessments, records, or reports the school used as a basis for the proposed action are:

Other options the school considered, but rejected, include:

The reasons the above options were rejected include:

Other factors relevant to the school's position include:

Director of Special Education Phone Number:

Parent Educator Resource Center Phone Number:

**PWN Signature**

Signature: \_\_\_\_\_