

**Capistrano Unified School District**  
**San Juan Capistrano, California**  
**SERVICES PLAN**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

District of Residence: \_\_\_\_\_ Home School: \_\_\_\_\_

Check one of the following two boxes:

The above-named student is eligible for special education services. The student's parents have expressed an interest in enrolling the student in a public school program. Accordingly, the District has made a free appropriate public education (FAPE) available to the student by developing an Individualized Educational Program (IEP) on \_\_\_\_\_ (insert date here). By their signatures below, the student's parents acknowledge and agree that: (1) the District has made a FAPE available to the student; and (2) the IEP developed on \_\_\_\_\_ (insert date here) constitutes a FAPE.

The above-named student is eligible for special education services. The student's parents have expressed their intent to enroll the student in a private school without the consent of, or referral by, the District. Accordingly, the District has made a FAPE available to the student by offering to develop an IEP if and when the student's parents express an interest in enrolling the student in a public school program. By their signatures below, the student's parents acknowledge and agree that the District has made a FAPE available to the student.

By their signatures below, the student's parents decline the District's offer of FAPE and express their intent to enroll (or to continue to enroll) the student at the following private school: \_\_\_\_\_

Pursuant to the Individuals with Disabilities Education Act and its implementing regulations, the district must provide special education and related services to parentally placed private school children with disabilities consistent with their number and location in the State using a proportionate share of federal funding. This obligation is set forth in the CUSD's *Policy for Serving Children with Disabilities Enrolled by Their Parents in Private School (SpEd 47)*.

A copy of the SpEd *SELPA Policy for Serving Children with Disabilities in Private School (SpEd 47)* has been presented and explained to the student's parents. By their signatures below, the student's parents acknowledge receipt of a copy of this policy.

After consulting with representatives of private school regarding children with disabilities, the District has decided to provide speech and language consultation services to parentally placed private school children with disabilities. The District hereby offers the following service to the student, if appropriate:

Special Education Service	Frequency, Duration & Location of Service	Anticipated Start Date & End Date of Service

Transportation:  NO  YES If yes, explain: \_\_\_\_\_

Check one of the following two boxes:  It is not appropriate to develop goal(s) and objectives for the above specified service.  
 It is appropriate to develop goal(s) and objectives for the above specified service. See attached CUSD Goals & Objectives Form (SpEd 11).

Personnel Responsible for Implementation of Service: \_\_\_\_\_

Parent(s) check one of the following two boxes:

- I consent to the above-specified services to my child.  
 I decline the above-specified services to my child at this time.

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

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

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

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

Note to Parents/Guardians: You will receive an annual letter requesting information regarding whether you: (1) intend to continue the student's placement at the private school for the following year and continue the Services Plan; (2) intend to continue the student's placement at the private school for the following school year and discontinue the Services Plan; (3) are requesting that the District convene an IEP team meeting because you are interested in enrolling the student in a public school program; and/or (4) consent to a triennial evaluation (if applicable).

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