

EQUITABLE SERVICE PLAN
NONRESIDENT CHILD PARENTALLY-PLACED IN A NONPUBLIC SCHOOL
Department of Special Education
Lincoln Public Schools

Student Name: _____ DOB: _____ Age: _____ Grade: _____ Today's Date: _____

Parent(s) Name: _____ Home Phone: _____

Parent(s) Address: _____ Work/Cell Phone: _____

_____ Email Address: _____

Nonpublic School: _____ Child's Resident School District: _____

Public School District Providing Services: _____

Parent Concerns: _____

Present Level of Education Performance: _____

(in the areas targeted for services by LPS) _____

SERVICE DELIVERY PLAN SCHEDULE

Date of Initiation of Services: _____ Anticipated Duration of Services: _____

Description of Service(s) to be Provided by the Lincoln Public Schools: _____

Hours per Week: _____ Month: _____ Quarter: _____ Location: _____

Consultation: _____

DOCUMENTATION OF PARTICIPATION IN MEETING

The following individuals, as indicated by their signatures, participated in the development of this services plan:

			<i>Agree</i>	<i>Disagree</i>
_____ <i>Parent/Guardian/Surrogate</i>	_____ <i>Email</i>	_____ <i>Date</i>	<input type="checkbox"/>	<input type="checkbox"/>
_____ <i>Parent/Guardian/Surrogate</i>	_____ <i>Email</i>	_____ <i>Date</i>	<input type="checkbox"/>	<input type="checkbox"/>
_____ <i>Nonpublic School Representative</i>	_____ <i>Email</i>	_____ <i>Date</i>	<input type="checkbox"/>	<input type="checkbox"/>
_____ <i>Signature/Position</i>	_____ <i>Email</i>	_____ <i>Date</i>	<input type="checkbox"/>	<input type="checkbox"/>
_____ <i>Signature/Position</i>	_____ <i>Email</i>	_____ <i>Date</i>	<input type="checkbox"/>	<input type="checkbox"/>
_____ <i>Other</i>	_____ <i>Email</i>	_____ <i>Date</i>	<input type="checkbox"/>	<input type="checkbox"/>

Notice to parent regarding availability of a Free Appropriate Public Education (FAPE)

Nonresident children with disabilities parentally-placed in a nonpublic school have no right to receive some or all of the special education and related services that would be available if the child was receiving special education services from their resident public school. The district in which your child resides will provide free appropriate public education in accordance with the Individuals with Disabilities Education Act (IDEA). Please contact: Resident School District at the Lincoln Public Schools if you elect for your child to have an Individualized Education Program (IEP) and the provision of a free and appropriate special education and related services.