



Student:	Student UID#	DOB:
School:	Grade:	Age:
Primary Eligibility:		Secondary Eligibility:

PRIVATE SCHOOL SERVICES PLAN (PSSP)

Meeting Purpose: Initial Annual Review Addendum

Meeting Date:			
From:		To:	

The LEA has determined, through its proportionate share plan, that specific special education and/or related services will be made available to eligible parentally placed private school students with disabilities. This Private School Services Plan describes the specific services to be offered, and upon parent consent, provided to the eligible student.

Student Profile

Student's overall strengths that contribute to success in the educational environment:

Parental concerns, if any, about their child's academic and functional performance in school:

Parent /student's vision for the future: (Include, specifically, vision for after high school, if appropriate.)



Present Level(s) of Academic and Functional Performance

Complete the current descriptive information by using norm-referenced, criterion-referenced, or any other valid data sources, as well as descriptive information for each of the relevant areas. Include current academic and functional performance, behaviors, social/emotional development, transition and other pertinent information. All areas assessed should be addressed and a determination made as to whether the data indicates an area is in need of specially designed instruction.

AREA(S) IN NEED OF SPECIALLY DESIGNED INSTRUCTION (SDI) must be addressed within the PSSP/IEP (e.g. annual goals, accommodations, specially-designed instruction, behavior intervention plan, etc.)

Area(s) Assessed	Source of Relevant Information Include date of assessment and baseline data. Scores should be self-explanatory. If not, an explanation must be included.	AREA(S) IN NEED OF SDI Yes / No

Present Level of Performance:

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Present Level of Performance:



Describe any relevant medical information:

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Describe how the disability impacts involvement and progress in the general curriculum:

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Consideration of Special Factors:	YES / NO	If yes, location in the PSSP
Is the student an English Learner?		
Additional information:		
Does the student have any special communication needs?		
Additional information:		
Does the student require assistive technology devices or services?		
Additional information:		
Does the student require the instruction in or use of Braille?		
Additional information:		
Does the student have a documented hearing loss? If yes, the PSSP/IEP Team has considered each of the following using the Communication Plan Worksheet: <ul style="list-style-type: none"> ○ The child's language and communication needs; ○ Opportunities for direct communications with peers and professional personnel in the child's language and communication mode ○ Academic level ○ Full range of needs, including opportunities for direct instruction in the child's language; and ○ Communication mode. 		
Additional information:		
Does the student have behavior(s) that impede his/her learning or that of others? If yes, how is behavior being addressed? <ul style="list-style-type: none"> ○ Behavior Intervention Plan (BIP) ○ Behavior goal(s) ○ Accommodations 		
Additional information:		



Does the student require Adapted Physical Education (APE)? Yes No
 Is the student following the Extended Content Standards? Yes No

Additional Parent Concerns Yes No

If parent(s) express additional concerns after discussion of Present Level / Data Review and Special Factors, return to page one and record their concerns.

Supports for academic, functional, personal changes or circumstances (if applicable):

What information is known about the student that will assist in developing a Private School Services Plan? Not applicable at this time

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Measurable Annual Goals

Academic and/or functional goals should be designed to meet the student's unique needs. Goals should be clearly defined and measurable. For students who take alternative assessments aligned to alternative achievement standards, include a description of benchmarks or objectives.

Specific Area of Need				
Observable Skills/Behavior	Criteria for Mastery	Method of Measuring Progress	Assistive Technology (y/n)	Related to Transition Goals (y/n)

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Least Restrictive Environment

Description of Specially Designed Instruction and Related Services

Indicate the least restrictive environment in which the student can achieve the goal(s).

Specially Designed Instruction:

Service	Amount of Time in Minutes	Frequency	Location	Duration	
				Begin	End

Related Services:

Service	Amount of Time in Minutes	Frequency	Location	Duration		Service Type
				Begin	End	
						<input type="checkbox"/> Goal <input type="checkbox"/> Supplemental Aids/Services Accommodations/Modifications
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Transportation is required as a related service.

Describe special transportation services.

Progress Reports:

Progress Reports on PSSP goals will be issued in accordance with school report card schedule. (If the PSSP/IEP team determines that more frequent progress reports are needed, indicate the schedule below:)

PSSP/IEP Team Participants

The following individuals were present and participated in the PSSP/IEP Team decision. (A Request to Excuse Required PSSP/IEP Team Member(s) has been obtained if any of the below participants are identified as excused. Note with an asterisk (*) any team member who used alternative means to participate.)

Name	Position	Date
	Parent/Guardian/Student	
	Parent/Guardian/Student	
	LEA Representative	
	Special Education Teacher	
	General Education Teacher	
	Interpreter of Instructional Implications of Evaluations	