



LOS ANGELES UNIFIED SCHOOL DISTRICT INDIVIDUAL SERVICES PLAN (ISP)

Policy Regarding Parentally-Placed Private School Students with Disabilities – (ages 5 through 21)

The policy for this Individual Services Plan (ISP) is provided by the Los Angeles Unified School District (LAUSD) to comply with federal law. Under the Individuals with Disabilities Education Improvement Act of 2004 and 34 CFR §300.130-144, the District has a responsibility to have a policy for special education services to parentally-placed private school students with disabilities. The regulations in 34 CFR §300.137 (a) explicitly provide that children with disabilities enrolled by their parents in private schools do not have an individual entitlement to receive some or all of the special education and related services they would receive if enrolled in the public schools. Parents may choose to place their child in a private school at their own expense even when the eligible student’s Individualized Education Program (IEP) provides FAPE upon enrollment in a public school. These parentally-placed private school students have a right, as a group, to receive some benefit from publicly funded special education programs. The policy of the District when parents choose to place their child in a private school within the District’s boundaries, whether or not the provision of FAPE is an issue, is to develop an Individual Services Plan describing alternative services.

SECTION I: PART A: MEETING INFORMATION

Date of Present ISP Meeting: _____ ISP Annual Review Meeting Due by: _____ 3 Year Date: _____

SECTION I: PART B: STUDENT INFORMATION

Student Identification Number _____ Eligibility _____

Student: _____
Last First MI

Date of Birth _____ Age _____ Grade _____ Female Male
Mo Day Year

Parent(s)/Guardian(s) Name: _____ Cell Phone #: _____
Home Phone #: _____ Work Phone #: _____ Preferred method of contact
TEXT: Email Phone

Address: _____
Street City State Zip

Email Address: _____

LAUSD School of Residence: _____

Private School: _____ Phone: _____

Private School Address: _____
Street City State Zip

Private School Contact Name: _____ Position: _____ Email Address: _____

Is this private school located in LAUSD boundaries?

YES: _____ If Yes, continue to Section II.

NO: _____ If No, end ISP meeting and refer parent/guardian to the district of location

SECTION II. ALTERNATIVE SERVICES

All private school students with IEPs are eligible for alternative services. Pursuant to IDEA 2004, the District will provide alternative special education service as outlined below for the student parentally placed in a private school.

SECTION II. PART A - PROFESSIONAL DEVELOPMENT

All students with special education eligibility, who attend private schools within LAUSD boundaries, generate professional development. Private school will be offered opportunities/materials to address their needs. These students also receive an annual Individual Services Plan.

Does the private school accept this offer of professional development? Yes No

If YES is indicated for acceptance of professional development by the private school, the District will provide notice of opportunities but will not be responsible for any costs incurred for the attendance of the private school staff.

Student: _____
Last First MI

SECTION II. PART B - CONSULTATIVE SERVICE

Is the student's IEP eligibility: Autism (AUT) or Specific Learning Disability (SLD)? Yes No

If YES, complete the remainder of this section. If NO, proceed to Section III.

Present Level of Performance (Strengths and Needs):

3. Annual Consultative Goal: To provide support in the areas of student need: *(check all that apply)*

- Reading Decoding Reading Fluency Reading Comprehension Math Calculation Math Reasoning Written Expression
 Oral Expression Social Skills Positive Behavior Supports Listening Comprehension Attention to Task
 Organization & Work Habits Other _____

If Yes, a student with the eligibility of AUT or SLD is eligible to receive 8 sessions of no more than 60 minutes of Consultative Services within a 12-month period, excluding holidays and vacations during work hours of the District provider. Consultative services may include: learning or teaching strategies, accommodations, student observations, teacher and/or parent conferences, review of the IEP with private school staff, professional development, planning/research, and IEP/ISP Meetings.

Does the parent/guardian agree to consultative service?

- I/We **accept** consultative services. I/We **decline** consultative services.

Does the private school agree to participate in consultative service? Yes No

SECTION III - PROCEDURAL SAFEGUARDS AND FOLLOW-UP ACTIONS (complete for all eligible students)

- Parent(s)/Guardian(s) were informed that, while the student is enrolled in a private school, he/she does not have an individual right to receive some or all of the special education and related services in the IEP that he/she would be eligible to receive if enrolled in public school. Due process procedures do not apply to disputes over the Individual Service Plan.
- Parent(s)/Guardian(s) were informed that if they intend to enroll the student at a public school, a request for an offer of FAPE should be made to their District school of residence.
- Parent(s)/Guardian(s) of 17 year-olds were informed of the transfer of educational decision-making rights.
- Preparation for three-year review IEP (complete at second annual ISP review meeting):
 Specify areas to be reassessed: Achievement Health Psycho-educational Other: _____
- Parent(s) understands that students parentally placed in private school settings need to be reassessed every 3 years to determine if student continues to meet eligibility criteria for special education.
- Parent(s) were informed if the student relocates or student's placement changes, to contact LAUSD Private School Office at 213-241-6701.

Student: _____
Last First MI

SECTION IV - PARENT DECISION AND SIGNATURE

(Select one)

- I/We agree that the student has been offered FAPE and choose to place the student in a private school within LAUSD boundaries. _____ (initials)
- I/We consent to release information between LAUSD and private school. _____ (initials)
- I/We agree that the student has been offered FAPE and choose to place the student in a public school. _____ (initials)
- I/We reside outside of LAUSD boundaries and have been informed that the offer of FAPE is the responsibility of our district of residence. _____ (initials)
- I/We disagree with the IEP team recommendation of FAPE.
(For initial IEPs, consultative service will not be provided until concerns are resolved.) _____ (initials)

Signature(s) _____ / _____ Date ____/____/____
 Parent Guardian Student age 18-21 years

SECTION V - ISP TEAM MEMBERS

Team Members	Print Name	Signature
Parent		
Student		
LAUSD Representative		
Representative from Student's Private School		
Other		
Other		

ISP DISTRIBUTION: Original: LAUSD School of Residence (File in green folder) & Upload to Student's Welligent Record (Attached Documents)
Copies Provided to: 1) Parent 2) Private School 3) Division of Special Education, Private Schools Office, 17th Floor