**Special Needs Scholarship Program: Agreement of Services**

This optional template is being provided by the Department of Public Instruction for the private school and parent or legal guardian (“parent”) to document the services the parent and the private school have agreed the private school will provide for the student. If desired, the private school may insert its letterhead in the header. The private school and the parent must agree to the services that will be provided to the SNSP student. In determining the services that will be provided by the private school, the private school and parent should refer to the Individualized Education Program (IEP) or services plan developed by the local education agency. If applicable, this document should include services provided by the private school through a contracted service provider. The services outlined in an IEP or services plan will not be provided by the private school unless they are included below. This document does not include services that are provided by the public school district through a services plan; if the student has a services plan from the public school district, those services are outlined in the services plan from the public school district, which is a separate document.

The school and the parent must agree to the services that will be provided for a student before the school will be eligible to receive a SNSP payment for the student.

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|  | | | | 1. **General Information** | | | | | |  | | |
| **Private School Name** | | |  | | | | | | | | | |
| **Student Name** |  | | | | | | | **Student Date of Birth:** | | | |  |
| **Private School Special Education Program Overview** *Below, the school may provide information about general services the private school offers to students with disabilities that will be available for the student. This should describe general services offered by the school rather than specific services that will be provided for the student.* | | | | | | | | | | | | |
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|  | | | | 1. **Services Provided to Student** | | | | | |  | | |
| In this section, the private school and parent should identify:   1. **Aids, services and other supports** that will be provided to enable the student to be educated with nondisabled children. Examples of these types of services include: an aide, specific assistive technology devices (specify the type that will be used), any staff support for personal care or during school transitions, or any other similar commitment of resources by the private school to educate the student. 2. **Specially designed instruction**, regardless of where the instruction is conducted, that is provided to meet the unique needs of a child with a disability, including instruction in physical education. Examples of these types of services may include: a curriculum that is designed to meet the unique needs of a child with a disability or providing additional tools/resources as part of the learning curriculum (such as a specialized computer program to help a child with a subject). 3. **Related services** such astransportation or such developmental, corrective, and other supportive services as may be required to assist the child in benefiting from special education, Examples of these types of services include: speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, social work services, school nursing services designed to enable a child with a disability to receive an education, counseling services, including rehabilitative counseling, or orientation and mobility services. | | | | | | | | | | | | |
| None | | | | | | | | | | | | |
| **Description** | | | | | | **Frequency & Amount** | | | | | | |
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|  | | 1. **General Classroom Accommodations** | | | | | | |  | | | |
| In this section, the private school and parent may include accommodations to the general curriculum that the student needs to meet the educational standards that apply to all students. Examples of these include extra time for examinations, the option to type an assignment rather than handwrite, oral recitation of examination questions or assignments, retelling assignment instructions, etc. | | | | | | | | | | | | |
| □ None | | | | | | | | | | | | |
| **Description** | | | | | **Frequency & Amount** | | | | | | | |
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|  | | 1. **Additional Information** | | | | | | |  | | | |
| If there are any other items the school and parent have agreed will be provided for the student, identify them below. In this section, identify any activities that will be provided directly to school personnel to help the school personnel meet the needs of the student, if applicable. An example of this would be school personnel attending a training on how the school personnel can meet the needs of the student related to their disability. | | | | | | | | | | | | |
| **Description** | | | | | | | | | | | | |
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|  | | 1. **Parent/Legal Guardian Signature** | | | | | | |  | | | |
| Printed Name of Parent or Legal Guardian Signing Below | | | | | | |  | | | | | |
| Signature of Parent or Legal Guardian | | | | | | | | | | | Date Signed *Mo./Day/Yr* | |
|  | | 1. **School Representative Signature** | | | | | | |  | | | |
| Printed Name of School Representative Signing Below | | | | | | |  | | | | | |
| Signature of School Representative | | | | | | | | | | | Date Signed *Mo./Day/Yr* | |