

Form 10a – Services Plan for IDEA Proportionate Share

Date: _____

Special Education Services Plan for: _____

Non-Public School Name (if applicable): _____

Implementation Dates – Note that dates of service may not to exceed one school year.

Start Date: _____ End Date: _____

The following services will be provided for the eligible non-public school or home study student named above.

Special Education and/or Related Services (Direct Services)

Type of Service	Person(s) Responsible	Start Date	Frequency/ Duration	Location of Service	Comments (if applicable)

Training or Support Services (In-direct services for school personnel and/or parents)

Type of Service	Person(s) Responsible	Start Date	Frequency/ Duration	Location of Service	Comments (if applicable)

Please contact LEA at (phone) if you have any questions about these services. Use of these services does not constitute an individual entitlement or an individual commitment by LEA to provide such services.

LEA/Public School Name: _____

LEA Representative’s Printed Name: _____

LEA Representative’s Signature: _____

Date: _____