

# Home School Service Plan

James River Special Education Cooperative

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

Location of Service: (Check one)

Public School

Home

Primary Disability: \_\_\_\_\_ Secondary Disability: \_\_\_\_\_

Present Level of Academic & Functional Performance/Needs:

Description of services being provided for this student:

Start date: \_\_\_\_\_