



NONPUBLIC SERVICES PLAN

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
(989) 354-3101

Student's
Name:

LAST

FIRST

Middle Initial

Date of
Review:

DOB:

Grade:

Nonpublic
School :

Resident
District:

District in Which Nonpublic
School is Located:

Parent/
Guardian:

Phone:

Street
Address:

City/
State/ZIP:

Participants: Check the box next to the member who can interpret the instructional implications of evaluation results.

Student (if appropriate)

District Representative

Parent

General Education Teacher

Parent

Special Education Provider

Representative of the Nonpublic School

Other

Eligibility for Special Education

The student is eligible to receive special education under the certification of: _____

Statement of Need: _____

Annual Goals (attach goal page)

Ancillary Services

Ancillary Service	Frequency	Duration	Location

Transportation

If services are not provided in the nonpublic school, does the child require transportation to benefit from or participate in the services provided? Yes No

If yes, describe: _____

Other Considerations: _____