Implementation of Chapter 15: Sample Service Agreement

Attachment to Basic Education Circular

SUBJECT: Implementation of Chapter 15
        22 Pa. Code Chapter 15

DATE OF ISSUE: July 1, 1999
DATE OF REVIEW: June 2009

__________________________________________  _______________________
Student Name: ____________________________________  Date

__________________________________________  _______________________
Date Services Begin: _____________________________  Date Services End:

__________________________________________  _______________________
Initial Agreement: ________________________________  Modified Agreement:

I am writing as a follow-up on our recent evaluation concerning your child and to summarize our recommendations and agreements for aids, services or accommodations. The aids, services or accommodations are as follows:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The following procedures need to be followed in the event of a medical emergency:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The attached letter outlines your rights to resolve any disputes that you may have concerning the recommended aids, services or accommodations. If you have any questions concerning your rights or the aids, services or accommodations recommended, please feel free to contact me.

__________________________________________  _______________________
School District Administrator  Date

DIRECTIONS: Please check one of the options and sign this form.

_____ I agree and give permission to proceed as recommended.

_____ I do not agree and do not give permission to proceed as recommended.

_____ I would like to schedule an informal conference to discuss my concerns.

My reason for disapproval is: ________________________________

________________________________________________________________________
________________________________________________________________________

__________________________________________  _______________________
Parent(s) Signature  Date
REFERENCES:

State Board of Education Regulations

22 Pa. Code Chapter 15

BUREAU/OFFICE CONTACT:

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