

# 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

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Student Name: \_\_\_\_\_

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:

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

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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.

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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: \_\_\_\_\_

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Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

**REFERENCES:**

**State Board of Education Regulations**

[22 Pa. Code Chapter 15](#)

**BUREAU/OFFICE CONTACT:**

Bureau of Special Education  
Pennsylvania Department of Education  
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Phone: 717.783.6134