

# JOHNSTON PUBLIC SCHOOLS

## *Special Services*

STUDENT _____	D.O.B. ____ / ____ / ____
STUDENT ADDRESS _____	
PARENT/GUARDIAN _____	PHONE _____
ATTENDING SCHOOL _____	GRADE _____
DATE OF SERVICE PLAN MEETING _____	ELIGIBILITY _____

### Special Education Services (Specially Designed Instruction)

SERVICE	START DATE	REVIEW DATE	LOCATION

**Present Level of Performance:** (Includes information about strengths and weaknesses and how the student’s disability affects the student’s involvement and progress in the general curriculum)

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**Annual Goal:** (Measurable goal to enable the student to be involved in and progress in the general curriculum and/or meet other educational needs within a year’s time)

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#### Service Plan Participants

NAME	ROLE