



RURAL CHAMPAIGN COUNTY SPECIAL EDUCATION COOPERATIVE
 807 N. Mattis Ave, Champaign, IL 61821
 217-892-8877 FAX: 217-893-8627

SPECIAL EDUCATION SERVICE PLAN

School Year: _____ Date of Meeting: _____

Purpose of meeting: _____

Parent notification of meeting: Method: _____ Date: _____

STUDENT INFORMATION

Student Name: _____ Primary Language: Student _____
 Home _____
 DOB: _____ Dist. ID _____
 Gender _____ Ethnicity _____ Primary Mode of Communication _____

Parent/Guardian: _____ Primary Disability _____
 Address _____ Secondary Disability(ies) _____
 City/State/Zip _____
 Phone _____ Wk Phone _____

Parent/Guardian (Noncustodial) _____ Resident District _____
 Educational Surrogate _____ District of Attendance _____
 Phone: _____ Public School Case Manager _____
 Address: _____ Re-evaluation Due Date _____
 City/State/Zip _____

PRIVATE SCHOOL INFORMATION

School of Attendance: _____ Phone: _____
 Classroom Teacher: _____ Contact Person: _____

