



Offer of FAPE: Services

Name \_\_\_\_\_ IEP Date \_\_\_/\_\_\_/\_\_\_

Service options considered (In selecting LRE, consideration is given to any harmful effect on the child or quality of services that the child needs) \_\_\_\_\_

SUPPLEMENTARY AIDS, SERVICES & OTHER SUPPORTS FOR SCHOOL PERSONNEL, OR FOR STUDENT, OR ON BEHALF OF THE STUDENT

Table with 6 columns: Aids, Services, Program Accommodations/Modifications, and/or Supports; checkboxes for Student/Personnel; Start/End Date; Frequency; Duration; Location.

Transportation [ ] None [ ] General Ed [ ] Special Ed \_\_\_\_\_

SPECIAL EDUCATION and RELATED SERVICES

Form with multiple sections for Special Education and Related Services, including fields for Service, Start Date, End Date, Provider, Frequency, Duration, Location, and checkboxes for Ind, Grp, Sec Transition.

Programs and services will be provided according to when student is in attendance and consistent with the public school calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.