

Private Provider Plan

The following is a private provider plan for: _____
Student's Name

_____ Will be providing services or supports to
Private Provider's Name

_____ on _____ at _____
Student's Name day of week time

To the extent consistent with Administrative Guideline 6320d, this constitutes the private provider plan. This plan will begin on _____ and end on _____. This time period shall not exceed _____ hours of direct service and _____ hours of consultation and/or collaboration meeting time with school personnel per week. Availability of school personnel will be determined by **the Educational Service Center**. In addition, this plan shall not exceed one school year, _____ (date) but includes the option to phase out private provider services as mutually agreed upon by school personnel and parents, **and also includes the option of termination by the Superintendent, pursuant to Administrative Guideline 6320d**. Direct service is defined as observation of student participating in classroom setting and/or assisting student as agreed upon by ESCCO personnel. If private provider is absent, the following guidelines will be followed:

1. Parent will notify classroom teacher
2. Parent will schedule make-up days with ESCCO personnel.
3. A substitute private provider will not be provided by ESCCO.
4. A substitute provider will not be provided by parents without prior consent of ESCCO.

I have read and agree to follow the provisions of the attached Guidelines for privately provided or privately funded personnel and have received a copy.

Parent

Date

Private Provider

Date

District Representative

Date

ESC Coordinator

Date