

Indicators 11 and 12 Compensatory Education Plan

LEA: \_\_\_\_\_

School: \_\_\_\_\_

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

Grade: \_\_\_\_\_ Eligibility Area: \_\_\_\_\_

Referral Date: \_\_\_\_\_

Eligibility Determination Date: \_\_\_\_\_ Initial IEP Development Date: \_\_\_\_\_

Number of Calendar Days Exceeding Timeline: \_\_\_\_\_

Duration dates of initial IEP: \_\_\_\_\_

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Compensatory Education Plan Components:

1. Compensatory education services will consist of (specify the special education and related services and the total amount of time for each):
2. Compensatory education services will be provided by (e.g. Special Education staff, such as Special Education teacher, SLP, OT, PT, etc.):
3. Compensatory education services will be provided (specify frequency, duration and location):
4. Other services required to implement the compensatory education plan (e.g. transportation):

This plan was mutually developed by:

NAME(s):

POSITION:

DATE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I accept the above Compensatory Education Plan.

\_\_\_\_\_ I decline Compensatory Education Services for my child.

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the declines compensatory education services, document attempts to obtain parent agreement to implement the plan:

Date: \_\_\_\_\_ Method: \_\_\_\_\_

Date: \_\_\_\_\_ Method: \_\_\_\_\_

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Other:

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For LEA Use Only

Compensatory Education Services Completion Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_