

Livingston County Special Services Unit

920 CUSTER AVENUE, SUITE A • PONTIAC, ILLINOIS 61764
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STUDENT NAME: _____

DATE OF MEETING: _____

EDUCATIONAL SERVICES AND PLACEMENT

Initiation Date: ____/____/____ Duration Date: ____/____/____

PARTICIPATION IN GENERAL EDUCATION CLASSES

The IEP must address all content areas, classes, and specify if the student will participate in general physical education.

General Education with No Supplementary Aids (Specify content areas, classes, whether or not the child will participate in general physical education, and <i>extracurricular and other nonacademic activities.</i>)	Minutes Per Week in Setting (Optional)
General Education with Supplementary Aids (as specified in the Supplementary Aids section) (Specify content areas, classes, whether or not the child Will participate in general physical education, and <i>extracurricular and other nonacademic activities with supports, ff applicable.</i>)	Minutes Per Week in Setting (Optional)
Special Education and Related Services within the General Education Classroom (Specify content areas and classes in which the child will participate with the provision of special education and related services List each special education and related service that will be provided during each class.)	Minutes Per Week in Setting

PARTICIPATION IN GENERAL EDUCATION CLASSES

The IEP must address all special education and related services;

Special Education Services - Outside General Education	Minutes Per Week in Setting
	A.
Related Services - Outside General Education	Minutes Per Week in Setting
	B.

Educational Environment (EE) Calculation (Ages 3-5)

Educational Environment (EE) Calculation (Ages 6-21)

- _____ 1. Minutes spent in regular early childhood program.
- _____ 2. Minutes spent receiving special education and related services outside regular early childhood (A + B)

- _____ 1. Total Bell to Bell Minutes
- _____ 2. Total Number of Minutes Outside of the General Education Setting (A + B)