

Livingston County Special Services Unit

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Service Plan

This form is documentation of the need for services, as provided by Special Service Personnel, as well as the proposed intervention plan.

Name of Student _____ D.O.B. _____

Implementer _____

I. Reason for Service

II. Type of Service

A. Individual

B. Group

C. Other (specify) _____

III. Goals of Service

A.

B.

C.

IV. Commitment of Service

A. Weekly Time Committed _____ minutes per week

B. Projected Initiation Date _____

C. Anticipated Duration _____

V. Consent for Service

I give consent

I do not give consent

for participation of my child in _____
Program

Date

Signature of Parent/Guardian