

EDUCATIONAL SERVICES AND PLACEMENT

Student Name: _____ Date: _____

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 (Specify content areas, classes, whether or not the child will participate in general physical education, and <i>extracurricular and other nonacademic activities with supports, if applicable.</i>)	Minutes Per Week In Setting (Optional)	
Special Education and Related Services within the General Education Classroom	Total Min:	Minutes Per Week In Setting
(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.)		

PARTICIPATION IN SPECIAL EDUCATION CLASSES/SERVICES

The IEP must address all special education and related services.

Special Education Services - Outside General Education	Total Minutes:	Minutes Per Week In Setting (A)
Related Services - Outside General Education	Total Minutes:	Minutes Per Week In Setting (B)

Educational Environment (EE) Calculation (Pre-K)

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

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

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