

THE SCHOOL DISTRICT OF PHILADELPHIA
SERVICE AGREEMENT

Student's Name	Student ID	D.O.B.	School / Loc#
Address			Today's Date

Date Services Begin	Review Date	Discontinued Date
---------------------	-------------	-------------------

SIGNATURE OF PERSONS PARTICIPATING IN THE SERVICE AGREEMENT PLANNING CONFERENCE	
Parent	Case Manager
Other/Title	Other/Title
Other/Title	Other/Title
Other/Title	Other/Title

A. REASON FOR SERVICE AGREEMENT:

B. RELATED AIDS, ACCOMMODATIONS, SERVICES TO BE PROVIDED:

C. PARENTAL CONFIRMATION TO THE SERVICE AGREEMENT:

<input type="checkbox"/> <i>Initial Agreement</i> <input type="checkbox"/> <i>Modified Agreement</i> <input type="checkbox"/> <i>Procedural Safeguards notice given to parent</i>	<input type="checkbox"/> <i>I agree to the service agreement listed above</i> <input type="checkbox"/> <i>I do not agree because _____</i> <input type="checkbox"/> <i>I would like to schedule an informal conference to discuss my case</i> <i>Parent's Signature _____ Date _____</i>
---	---

D. IF APPLICABLE, PROCEDURES TO BE FOLLOWED IN THE EVENT OF A MEDICAL EMERGENCY:

Principal _____ *Date* _____