Missouri Department of Elementary and Secondary Education
Office of Special Education
Compliance

INSTRUCTIONS FOR COMPLETING LEA INDIVIDUAL STUDENT SERVICES FORM

Summary of Services (page 1):

- **Header:** Initially complete all header information requested on all pages.

- Box 1 - Indicates information taken directly from the student's **IEP summary of services**.
- Box 2 - Enter each special education service "specialized instruction implemented".
- Box 3 - Actual number of minute's each service is to be implemented.
- Box 4 - Time of service and circle the day(s) of the week services are implemented. If using block scheduling, please note there are 2 weeks available. Use multiple #2 boxes for the services if additional room is required.
- Box 5 - Location where services are implemented (to include co-teaching) and room number.
- Box 6 - Name of the provider(s) (teacher/therapist/other).
- Box 7 - Will contain curriculum subject used to implement services, if applicable, i.e. (math calculation in algebra).
- Box 8 – Total number of **"specialized instruction"** service minutes only.
- If additional space is required duplicate page 1, as needed.

Related Services (page 2):

- Box 1 - Indicates information taken directly from the student's **IEP summary of services.**
- Box 2 - Enter each special education related service.
    - Speech therapy should be listed on page 1**, UNLESS** it is **a related service** for this student.
- Box 3 - Actual number of minute's each related service is to be implemented.
    - *Transportation* does not require minutes to be noted.
- Box 4 - Time of service and circle the day(s) of the week related services are implemented. If using block scheduling, please note there are 2 weeks available.
- Box 5 - Location where services are implemented and room number.
- Box 6 - Name of the provider(s) (teacher/therapist/other).
- Box 7 - Will contain curriculum subject used to implement services, if applicable.
- Box 8 -Total number of "**related services"** minutes only.
- If additional space is required duplicate page 2, as needed.

Student Schedule (page 3):

- Box 1 - Indicates information taken directly from the student's **daily schedule**.
- Box 2 - List services implemented (include both "specialized instruction" and/or "related services").
- Box 3 - Number of minutes within the student's schedule of actual implementation of each specialized instruction service and/or related service.
- Box 4 - Time of service and circle the day(s) of the week each service is implemented. If using block scheduling, please note there are 2 weeks available.
- Box 5 - Location where services are implemented (to include co-teaching) and room number.
- Box 6 - Name of the provider(s) (teacher/therapist/other).

Student Schedule continued (page 3):

- Box 7 - Will contain curriculum subject used to implement services, if applicable
- Box 8 - **Total** number of minutes of implementation of "specialized instruction" and/or "related services" taken directly from **student's** hourly/daily schedule.

Teacher Schedule (page 4):

- Box 1 - Indicates information taken directly from the **(teacher/therapist/other)** hourly/daily schedule.
- Box 2 - List only services implemented (include both "specialized instruction" and/or "related services").
- Box 3 - Number of minutes within the **(teacher/therapist/other)** schedule of actual implementation for each of service and/or related service.
- Box 4 - Time of service(s) and circle the day(s) of the week. If using a block schedule, please note there are 2 weeks available.
- Box 5 - Location where services are implemented (to include co-teaching) and room number.
- Box 6 - Name of the provider(s) (teacher/therapist/other).
- Box 7 - Will contain curriculum subject used to implement services, *if applicable.*
- Box 8 - **Total** number of minutes of implementation for all services and related services directly from **(teacher/therapist/other)** hourly/daily schedule(s).

Classroom Accommodations and Modifications (page 5):

- Box 1 - Indicates information taken directly from **Form F** of student's IEP.
- Box 2 - Location of the accommodations and modification by subject area.
- Box 3 - Time of implementation and circle the day(s) of the week. If using a block schedule, please note there are 2 weeks available.
- Box 4 - Name of the provider(s) (teacher/therapist/other) providing accommodations and modifications.
- Box 5 - Room number(s) where accommodations and modifications are provided.