

SONOMA COUNTY  
SPECIAL EDUCATION LOCAL PLAN AREA

PRIVATE SCHOOLS  
FISCAL NOTIFICATION FORM  
FOR  
2015-16 FISCAL YEAR

Name of Private School \_\_\_\_\_

District of Location of Private School \_\_\_\_\_

Student Name \_\_\_\_\_

Length of Service (e.g., 30 min/60 min) \_\_\_\_\_

Frequency of Service (times per week/month) \_\_\_\_\_

Start Date of Service \_\_\_\_\_

Other Speech/Language Services Cost \_\_\_\_\_  
(i.e. Consultation, personnel development, preparation time, & travel/mileage)

Speech/Language Services Notification Form, Submitted & Certified by:

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE NOTE THE FOLLOWING:**

- 1. SERVICE PAGE FROM SERVICE PLAN MUST BE ATTACHED**
  - 2. NOTIFICATION FORM DUE TO THE SELPA OFFICE WITHIN 10 DAYS AFTER THE IEP SERVICE PLAN MEETING**
- SELPA 60