



INDIANA  
DEPARTMENT of  
EDUCATION

## EDUCATION SCHOLARSHIP ACCOUNT (ESA) SERVICE PLAN

Student: \_\_\_\_\_ STN: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

### ESA Education Service Plan (ESA Service Plan)

I, PARENT \_\_\_\_\_ or EMANCIPATED ELIGIBLE STUDENT \_\_\_\_\_, choose to have special education funds included in the ESA. Therefore, I decline the provision of special education and related services described in the written notice dated \_\_\_\_\_ and choose to receive special education and related services under the ESA Service Plan. By my signature, I acknowledge that I have read, understand, and agree to the procedures for implementing and maintaining the student's ESA Service Plan.

The procedures include:

- I am responsible for arranging for the provision of any of the special education and related services specified in the ESA Service Plan chosen for the student.
- Neither the school corporation of legal settlement (SCOLS) that convened the CCC to develop the ESA Service Plan or any other public agency is required to provide any of the services identified in the plan unless the parent or emancipated eligible student contracts with the SCOLS or public agency to provide specific services.
- I am responsible for arranging payment for any contracted services.
- The ESA Service Plan is valid for a period not to exceed three (3) years, or the date the student's reevaluation is due, whichever occurs first.

The ESA Service Plan remains valid for up to three (3) years, or until the three-year reevaluation, whichever occurs first, unless revised by the student's CCC.

Sign \_\_\_\_\_ Date \_\_\_\_\_