

Missouri Course Access & Virtual Learning Program (MOCAP)

Education Service Plan & Collaborative Agreement

The following education services support current general education student needs, Individual Education Plan (IEP) goals for students who are IDEA-eligible, students who receive English-Learner supports, and/or students who have a Section 504 Plan.

(Student Name)

Checking this box indicates that the above-named student requires no additional educational services and online programming meets the educational needs of the student.

Student Name & Grade Level: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Considerations have been given to:

- | | | | |
|-----------------------------------|--------------------------|-----------------------------------|--------------------------|
| English Learner Services | <input type="checkbox"/> | Special Education | <input type="checkbox"/> |
| Section 504 | <input type="checkbox"/> | Reading Support (Senate Bill 681) | <input type="checkbox"/> |
| Dual Credit or Advanced Placement | <input type="checkbox"/> | All Other Considerations | <input type="checkbox"/> |

Education Services for:

Education Services, Special Education Services, EL Services, and/or Section 504 Plan Services	Title of Staff Member Responsible	Frequency of Education and/or Educational Service	Location	Date/s	
		Time/Frequency (i.e., Daily, Weekly, Monthly, Quarterly, Semester, etc.)		Start	End
Total Amount of Time:					

Statement Regarding Delivery of Services:

Describe how supports and services noted above will be provided.

How will access of supports be monitored?

Students, parents, virtual program providers, host and resident districts agree by this statement to collaborate in good faith, to provide and support full-time virtual education for the below named student.

(Student Name)

Student Name & Grade Level: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Checking this box indicates that no collaborative services are needed to support the free appropriate education of the above-named student.

If collaboration is provided, services will include:

Collaborative Agreement and Enrollment Plan

Facility, Education Service, Contracted Support Service	Provider and Location	Cost	Payment Details	
			Paid By	Payment/Billing Terms

Statement Regarding Collaborative Agreement:

Describe in narrative form how the charges, provider, location, costs, and payment/billing terms outlined above will be provided.

EXAMPLE

Date ESP and Collaborative Agreement Completed: _____

Names & Roles of All Team Members Completing this Plan:

(Name)

(Role)

(Signature)

(Date)

(Name)

(Role)

(Signature)

(Date)

(Name)

(Role)

(Signature)

(Date)

(Name)

(Role)

(Signature)

(Date)

***Add lines as needed**