

# Youth Education Coordinating Form

<i>Name of Human Services Program</i>	<i>Date</i>
<i>Address</i>	<i>Phone</i>

## Education Service Plan

Mark all that apply:

Educational services are to be provided by the local school district, which is also the school district of residence.

*For more information, see [Utah Code 53G-6-302](#), School District Residency*

Educational services to be provided by the local school district for students whose custodial parents or legal guardians reside outside the state of Utah.

*Detailed Education Service Plan and funding plan including evidence that all costs for educational services to be provided to the education entitled children, including tuition and school fees shall be borne by the human services program required.*

Educational services to be provided by an accredited entity other than the school district of residence.

*Description of Education Service Provider required.*

<i>Name of Education Service Provider</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Phone</i>		<i>Website</i>	
<i>Accredited by</i>			

## Human Services Provider Information

### Description of Population to be Served:

<i>Number of children served by the HSP estimated to be enrolled in the local school district:</i>  _____
<i>The ages and grade levels of children served by the human services program estimated to be enrolled in the local school district:</i>  
<i>The subjects or hours of the school day for which children served by the HSP are estimated to enroll in the local school district:</i>  
<i>Does/will this program serve out of state youth? _____</i>  <i>If yes, an approved ICPC is required for each out of state student with a plan to be followed in case of disruption.</i>

### Emergency Contact Information:

*Direct contact information for the purposes of taking custody of a child served by the HSP during the school day in case of illness, disciplinary removal by a school, or emergency evacuation of a school.*

<i>Primary Contact Name:</i>	<i>Phone Number(s):</i>	<i>Title/Relationship to Youth:</i>
<i>Alternate Contact Name:</i>	<i>Phone Number(s):</i>	<i>Title/Relationship to Youth:</i>

**Transportation Plan:**

*The method or arrangements for the transportation of children served by the HSP to and from the school.*

Description of Transportation Plan:
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**School District Information**

<i>Name of School District</i>	<i>Date</i>
<i>Address of School District</i>	<i>Phone</i>
<i>School District Point of Contact Name</i>	<i>Point of Contact Phone</i>

**School District Responsibilities:** The school district must provide the following information to the HSP:  
*(Mark each as provided)*

Enrollment procedures and forms.

Documentation required, prior to enrollment, from each of the child's previous schools of enrollments.

If applicable, a schedule of the costs for tuition and school fees.

Schools and services for which a child served by the HSP may be eligible.

Approved ICPC plan and disruption plan may be requested for out of state youth.

# Educational Service Plan Approval

**Approved:** The educational services plan provides evidence that children served by the human services program shall receive appropriate educational services satisfying the requirements of applicable law.

**Not Approved:**

The \_\_\_\_\_ School District finds the program plan of \_\_\_\_\_ (Provider) to be inadequate for the following reasons:

In order to receive approval of its Educational Service/Funding Plan, the private program must:

This document will be considered null and void in the event of any changes reflected in the information above and/or upon expiration of the treatment program/center's license.

The completion and signing of this Youth Education Coordinating Form does not endorse, support, or oppose licensure of the above-named program.

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Signature of Superintendent  
(or designee)

District

Date

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Signature of District YIC Director  
(or Student Services Director)

Position

Date

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Signature of Treatment Program Representative

Position

Date