11. Missed Services Compensatory Education
   a. DCPS Compensatory Education Authorization Form
      with Rates (Sample of Form School District may provide
to award a parent compensatory education services as
a result of a Hearing Officer’s Decision, Settlement
Agreement or informal resolution).
COMPENSATORY EDUCATIONAL PLAN*

Section I:

Student Name: DOB: 
Grade: ID# Age: Date of IEP: 
Date of Proposal: Home School: Attending School: Disability: Language Address: 
Parent Name: (H): (W): 
Specialized Instruction Missed: Related Services Missed: 

Time Period in which service delay/disruption occurred:
Description of Compensatory Education due to [ ] HOD** [ ] SA** [ ] MA** [ ] CO (CHECK ONE)
Describe the products and services to be provided:

Section II: Compensatory Education Services to be provided: ALL SERVICES TO BE PROVIDED INDEPENDENTLY AND MAY BE OBTAINED AT COSTS NOT TO EXCEED:
Specialized Instruction: 15.00 Occupational Therapy: 110.00 Physical Therapy: $110.00
Speech/Language: 15.00 Counseling: 90.00

<table>
<thead>
<tr>
<th>Skill Areas</th>
<th>Provider</th>
<th>Beginning Date</th>
<th>Duration/Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialized Instruction</td>
<td>Independent Provider</td>
<td>Upon signatures of DCPS and parent/attorney</td>
<td>30</td>
</tr>
</tbody>
</table>

Section III: Supporting IEP goals and objectives
Attach applicable IEP goals to document all content areas for which Compensatory Education products and services are being awarded.

Special Education Goals and Objectives for Compensatory Education Services
Goals and objectives from the current IEP which are to be implemented for Compensatory Education.

<table>
<thead>
<tr>
<th>Annual Goals(s) and Objective(s)</th>
<th>Skills Area(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Goal:</td>
<td></td>
</tr>
<tr>
<td>Objective:</td>
<td></td>
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<tr>
<td>Annual Goal:</td>
<td></td>
</tr>
<tr>
<td>Objective:</td>
<td></td>
</tr>
</tbody>
</table>

mt's Signature: Principal's Signature: MDT Members: Position: 

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