

*Innovations International Charter School of Nevada*

**Special Education Service Delivery Model**

**Parent Acknowledgement of Special Education Service Delivery**

Innovations International Charter School of Nevada is a public charter school of choice for students and parents residing within Clark County, Nevada. As a public charter school, students earn academic credit for promotion throughout the grade levels prior to high school and to gain credit for graduation at the high school level. All academic instruction is provided by licensed Nevada teachers with expertise in their designated fields of study.

Students with an Individualized Education Plan (IEP) will be provided with services, accommodations, and modifications specified in their IEP within the educational model of Innovations International Charter School of Nevada. General education and special education teachers/facilitators will work collaboratively to provide services through the selected school curriculum, face to face instruction, distance education instruction, and teacher directed supplementary activities as per state agreement with the Nevada Department of Education.

By signing, this document, I understand that special education services at Innovations International Charter School of Nevada are provided through an inclusive education model utilizing face to face and distance education instruction as a cooperative-consultative model. I acknowledge that Innovations International Charter School of Nevada is unable to provide a full continuum of interventions and may seek further assistance from the Clark County School District when needed.

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(Parent/Guardian Signature)

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(Date)

*Innovations International Charter School of Nevada*

**Specialized Student Information Form**

IICSN's goal is to provide your child with a positive educational experience. To assist in this process, please circle the following information that applies and provide a date where applicable.

1. Does your child have a current Individualized Education Program (IEP)?      Yes    No
2. Has your child had an IEP in the past?      Yes    No
3. Has your child received special education services under a consultative model in the general education classroom setting?      Yes    No
4. Has your child received special education services under a pull-out resource room model?      Yes    No
5. Has your child received special education services in a self-contained classroom setting?      Yes    No
6. Does your child have a Section 504 accommodation plan?      Yes    No
7. Does your child receive speech/language therapy?      Yes    No
8. Does your child receive occupational/physical therapy?      Yes    No
9. Is your child under a physician's care?      Yes    No
10. Has or does your child receive school counseling services?      Yes    No
11. Has your child been evaluated for special education services but not qualified?      Yes    No
12. Has your child ever been retained in school?      Yes    No
13. If you answered yes above, which grade?      \_\_\_\_\_
14. Has your child ever been expelled from any public school?      Yes    No
15. Is there a pending expulsion regarding your child?      Yes    No
16. If your child is in high school, is he/she credit deficient?      Yes    No

Provide documentation/further explanation for any of the above questions. \_\_\_\_\_

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Copies of paperwork should be provided to corroborate services to be provided for your child. (ex: copy of current IEP, Section 504 plan, report card, transcript)

I acknowledge the information provided above is accurate and current to the best of my knowledge.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)