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| **PURPOSE:** This form is for internal use to assist districts in tracking special education timelines and services for individual students during school closures as a result of the Coronavirus (COVID-19). |

# School Closure Tracking Template for Students with IEPs

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| --- | --- | --- | --- |
| Student name |  | Date of Meeting |  |
| District |  | School |  |
| Evaluation Due Date |  | Current IEP Date: |  |
| Date of Birth |  | Teacher of Record |  |

**Date(s) of School Closure**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date(s) school was closed for all students** *(i.e., no educational services were provided to any student)* | | | | | | |
| From: |  | | To: |  | # of School Days: |  |
| From: |  | | To: |  | # of School Days: |  |
| **Date(s) educational services were provided to students, but this student did not receive services:** | | | | | | |
| From: |  | To: | |  | # of School Days: |  |
| From: |  | To: | |  | # of School Days: |  |

**IEP Timelines**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date IEP is due:** |  | | | **Due during closure?** | | Yes No |
| If yes, what is the plan for completion of the IEP, including the participation of all IEP team members, including the parent (and student if appropriate)? | | | | | | |
|  | | | | | | |
| Was parent notified of plan? | | Yes No | If yes, date & method: | |  | |

**Evaluation Timelines**

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| --- | --- | --- | --- | --- | --- |
| **Date of parent consent:** |  | |  | |  |
| **Date evaluation is due:** |  | | **Due during closure?** | | Yes No |
| If yes, what is the plan for completion of the evaluation, including the participation of the parent in the process? | | | | | |
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| Was parent notified of plan? | Yes No | If yes, date & method: | |  | |

**Services**

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| --- | --- | --- | --- | --- | --- |
| Services provided to student during physical school closure | | | | | |
| **Service**  (ie. ELA instruction, reading instruction, OT, Speech) | **Start Date** | **Frequency**  (ie. times/week) | **Duration**  (ie. 20 mins) | **Location/Platform** (Google hangout, phone) | **Staff Responsible for Delivering Service** |
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| Distance Learning Services provided to student during physical school closure | | | | | |
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| Compensatory services to be provided beginning: through . (If applicable) | | | | | |
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| **Description of IEP Services** (use the space below to document IEP services delivered through alternate or additional methods, when feasible)[[1]](#footnote-1): | | |
| **Plan for providing services based on this individual student’s needs:** | | |
|  | | |
| **Names/titles and date of IEP team members participating in determination of services:** | | |
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| **Other Information** (use the space below to document any additional relevant information): | | |
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[Adapted from Washington Office of Superintendent of Public Instruction](https://www.k12.wa.us/student-success/special-education)

1. Per [federal guidance](https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/qa-covid-19-03-12-2020.pdf), the U.S. Department of Education understands that there may be exceptional circumstances that could affect how a particular service is provided. [↑](#footnote-ref-1)