

**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

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>(i.e., no educational services were provided to any student)</i>			
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

<b>Date IEP is due:</b> _____	<b>Due during closure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, date & method: _____

### Evaluation Timelines

<b>Date of parent consent:</b> _____	<b>Due during closure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the plan for completion of the evaluation, including the participation of the parent in the process?	
Was parent notified of plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, date & method: _____

## Services

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
Distance Learning Services provided to student during physical school closure					
Compensatory services to be provided beginning: _____ through _____. (If applicable)					

<p><b>Description of IEP Services</b> (use the space below to document IEP services delivered through alternate or additional methods, when feasible)<sup>1</sup>:</p>
<p><b>Plan for providing services based on this individual student's needs:</b></p>          

<sup>1</sup> Per [federal guidance](#), the U.S. Department of Education understands that there may be exceptional circumstances that could affect how a particular service is provided.

<b>Names/titles and date of IEP team members participating in determination of services:</b>	
_____	_____
_____	_____
_____	_____
<b>Other Information</b> (use the space below to document any additional relevant information):	

[Adapted from Washington Office of Superintendent of Public Instruction](#)