**School Closure Tracking Form for Students with IEPs**

**Month, Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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| Student Name: |  | Date of Birth: |  | Grade:  |  |
| District of Residence: |  | School of Attendance: |  |
| Case Manager:  |  |
| Name of IEP Service Providers:  |
| Special Education Teacher:  |  |
| Speech-Language Pathologist:  |  |
| APE Specialist:  |  |
| Occupational Therapist:  |  |
| Vision Specialist:  |  |
| Deaf-HOH Specialist:  |  |
| Behavior Specialist:  |  |
| Counseling:  |  |
| 1:1 Instructional Assistant |  |
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**Dates of School Closure**

Date(s) school was closed for ALL students and NO education services were provided to any student:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From:  |  | To:  |  | Number of School Days:  |  |

Date distance learning services was made available to ALL students, including Students with Disabilities:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From:  |  | To:  |  | Number of School Days:  |  |

Date distance learning services was made available to specified students:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From:  |  | To:  |  | Number of School Days:  |  |

**IEP Services**

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| --- | --- |
| Services listed in IEP  | Frequency of Service  |
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**IEP Services and SPED Distance Learning Services**

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| Services listed in IEP  | Service provided to student as specified in the IEP  | Distance Learning Services (Use the space below to document distance learning services delivered through alternate or additional methods, when feasible) | Service CANNOT be provided during closure even through distance learning |
| Specialized Academic Instruction  | ❑ |  | ❑ |
| Speech Therapy  | ❑ |  | ❑ |
| APE Services  | ❑ |  | ❑ |
| OT Services  | ❑ |  | ❑ |
| Vision Services  | ❑ |  | ❑ |
| DHH Services  | ❑ |  | ❑ |
| ABA Services  | ❑ |  | ❑ |
| Counseling Services  | ❑ |  | ❑ |
| 1:1 Service | ❑ |  | ❑ |
|  | ❑ |  | ❑ |
|  | ❑ |  | ❑ |
|  | ❑ |  | ❑ |

**Initial/Triennial Evaluation Timelines**

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| --- | --- | --- | --- |
| Date evaluation is due:  |  | Due During Closure? | ❑ Yes ❑ No |
| If yes, what is the plan for completion of the evaluation within the required timeline, including the participation of the parent in the process? |
| Was parent notified of plan?  | ❑ Yes ❑ No | If yes, date & method:  |  |

**IEP Timelines**

|  |  |  |  |
| --- | --- | --- | --- |
| 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:  |  |

**Other Information** (Use the space below to document any additional relevant information)

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