**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:

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| --- | --- | --- | --- | --- | --- |
| 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**

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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: | |  | |

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

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