

SPECIAL EDUCATION EMERGENCY CONTINGENCY PLAN

This form may be used to document the temporary special education services that are feasible and safe to provide to an individual student while a local education agency (LEA) is physically closed. While some or all of the information recorded in this document may come from the student's individualized education program (IEP), this form is not intended to serve as, or to replace, the most recent signed IEP. It may be used for documenting services that will be provided so that there is clarity for both parents/guardians and educators during this unique situation. LEAs must coordinate with a student's parents/guardians in the completion of this document, as it must be individualized for each student.

TODAYS DATE:

EMERGENCY PLAN TO BE IMPLEMENTED WHEN:

(Describe circumstances that would initiate start of this plan)

ATTACHED TO ANNUAL IEP DATED:

STUDENT NAME	BIRTHDATE	GRADE
STUDENT'S ELIGIBILITY CATEGORY/CATEGORIES		
PARENT'S/GUARDIAN'S NAME		
HOME ADDRESS	CITY	ZIP
PARENT/GUARDIAN'S HOME/CELL PHONE NUMBER(S)		

WHO PARTICIPATED IN THE COMPLETION OF THIS DOCUMENT?

The special education emergency plan may serve as an amendment to the student's current annual IEP. Consistent with 34 CFR § 300.324 (4)(i) a parent may agree to a written amendment in lieu of holding an IEP meeting. Under this circumstance, the agreement between the LEA and the parent to amend the IEP in writing (in lieu of meeting) must be documented in the text of the amendment.

This Emergency Plan was developed:	In Meeting	In Writing, in lieu of meeting, with parent agreement
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Student	Parent/Guardian
General Education Teacher	School Administrator
Special Education Teacher	Related Services Provider
Other	Other
Other	Other

Emergency Plan is attached to IEP dated:

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Describe how the student's disability and/or identified needs impacts their participation under emergency conditions:

SECONDARY TRANSITION

As applicable, describe the means by which transition services will be provided under emergency conditions:

ACADEMIC AND FUNCTIONAL GOALS

Describe the goals that will be implemented for the student under emergency conditions. Explain how and when data regarding progress towards IEP goals will be reported to student's parent/guardian:

SUPPLEMENTARY AIDS AND SERVICES AND OTHER SUPPORTS

Describe the student's supplementary aids and services, that will support the identified academic and functional goals, and the means by which they will be provided under emergency conditions:

PROGRAM ACCOMMODATIONS AND MODIFICATIONS

Describe the student's accommodations that will be implemented here. These should be determined based on the student's present levels and goals and should assist the student in successfully accessing learning and services under emergency conditions:

Emergency Plan is attached to IEP dated:

Additional Notes
Add any additional notes, such as information regarding extended school year, family communication and support, access to general education peers and learning environments and/or other additional information necessary for student to attain educational benefit under emergency conditions.

Special Education and Related Services Under Emergency Conditions

Service	Frequency	Location	Duration	Provider Title

Service Delivery Notes
Include a description of the means by which the services will be provided under emergency conditions:

Do the student's parent/guardian and the LEA agree that this document serves as an amendment to the student's IEP under 34 CFR §300.324?

Yes No

If yes, how/when did the student's parent/guardian agree that this document will serve as an amendment to the student's IEP under 34 CFR §300.324?

Emergency Plan is attached to IEP dated:

Any decisions regarding the services the student will receive that are not already captured should be entered below.

For questions related to this document and/or the services your child will be provided during this time, please contact _____ at _____.