



## Special Education Contingency Plan

Per California Senate Bill 98 and EDC §56345 (a)(9)(A), an IEP must include a Special Education Contingency Plan. This plan provides information regarding special education and related services while a Local Education Agency (LEA) is physically closed for more than 10 school days due to an emergency circumstance but continuing to provide instruction. The Special Education Contingency Plan must include the following:

- Special Education and related services
- Supplementary aides and services
- Transition services, as defined in EDC §56345.
- Extended School year services pursuant to Section 300.106 CFR.

While the information in this plan may come from the student's individualized education program (IEP), it is not intended to serve as, or to permanently replace, the most recent agreed upon IEP. The Special Education Contingency Plan is intended to document temporary services that will be delivered so that there is clarity for both the parents/guardians and educators during school closures. LEAs must coordinate with a student's parents/guardians in the completion of this document, and it must be individualized for each student.

For additional information regarding Special Education Contingency Plans, please access the "Frequently Asked Questions (FAQ) for Local Education Agencies" at the link below:

<https://charterselpa.org/wp-content/uploads/2020/07/Contingency-Plan-FAQ-for-LEAs.pdf>

## Documenting Special Education Contingency Plans in SEIS using the Contingency Form B

The following is guidance on how to document a single scenario Emergency Contingency Plan in SEIS, utilizing the “Emergency Circumstances Program B” form found under a student’s future IEP tower of forms. Attached to this guidance is the sample of the “PDF” version of the Contingency Form B when downloaded from SEIS. For additional guidance on analyzing students’ needs, please visit the “SELPA Adaptation: Analyzing Needs” document [here](#).

### SPECIALIZED ACADEMIC INSTRUCTION AND RELATED SERVICES

IEP Goals to be Addressed from IEP Dated

02/21/2020

#1 Service  
330 Specialized Academic Instruction

Frequency: XXX

Duration: XXX

IEP Goal: XXX

Service Delivery Method(s): XXXX

Individual  
 Group

Enter the student current IEP date (Example

Indicate whether the services will be provided individually or in a group setting.

Enter the duration (the length of time) the service will be offered.

Enter how the services will be provided when the LEA will be closed due to an emergency.

- Sample Service Delivery Methods:
1. Teacher/provider-posted lessons, asynchronous (online or other media)
  2. Personalized learning tools (virtual or paper packets)
  3. Scheduled email check-ins (parent or student)
  4. Virtual class/group meetings, synchronous
  5. Scheduled teacher/provider appointments (virtual or in-person, as available)
  6. Virtual office hours/drop-in (parent or student)

Add each individual **service** (SAI, OT, etc.)

Enter the **frequency** (how often) the service will be provided.

Enter which **IEP goals** this service will be addressing (example: Goal #1 (ELA) and Goal #2 (Math)).



Use the “Add” option to add each related service to the Contingency Plan, utilizing the information above. Each related service the student will be receiving should be added as a service in this section.

#2  
**Service**  
415 Language and speech

Individual  
 Group

**Frequency**  
XXX

**Duration**  
XXX

**IEP Goal**  
XXX

**Service Delivery Method(s)**  
XXXX

#3  
**Service**  
450 Occupational therapy

Individual  
 Group

**Frequency**  
XXX

**Duration**  
XXX

**IEP Goal**  
XXX

**Service Delivery Method(s)**  
XXXX



## TRANSITION SERVICES

IEP Goals to be Addressed from IEP Dated

Not Applicable

If a student does not have an Individualized Transition Plan, mark "Not Applicable" and leave this section

Add each Transition **service**.

#1 Service  
--- Select One ---

Individual  
 Group

Indicate whether the services will be provided individually or in a group setting.

Enter the **frequency** (how often) the service will be provided.

Frequency  
XXX

Duration  
XXX

Enter the duration (the length of time) the service will be offered.

Enter which **IEP goals** this service will be addressing (example: Goal #6 (College) and Goal #7 (Career)).

IEP Goal  
XXX

Service Delivery Method(s)  
XXXX

Enter how the Transition services will be provided when the LEA will be closed due to an emergency.

### Sample Service Delivery Methods:

7. Teacher/provider-posted lessons, asynchronous (online or other media)
8. Personalized learning tools (virtual or paper packets)
9. Scheduled email check-ins (parent or student)
10. Virtual class/group meetings, synchronous
11. Scheduled teacher/provider appointments (virtual or in-person, as available)
12. Virtual office hours/drop-in (parent or student)



Use the “Add” option to add each Transition service to the Contingency Plan, utilizing the information above. Each Transition service the student will be receiving should be added as a service in this section.

**#1**

**Service**

820 College awareness

Individual

Group

**Frequency**

XXX

**Duration**

XXX

**IEP Goal**

XXX

**Service Delivery Method(s)**

XXXX

**#2**

**Service**

840 Career awareness

Individual

Group

**Frequency**

XXX

**Duration**

XXX

**IEP Goal**

XXX

**Service Delivery Method(s)**



## EXTENDED SCHOOL YEAR SERVICES

IEP Goals to be Addressed from IEP Dated

Not Applicable

If Extended School Year are not applicable to the student, mark "Not Applicable" and leave this section

Add each Extended School Year **service**.

Enter the **frequency** (how often) the service will be provided.

Enter which **IEP goals** this service will be addressing (example: Goal #1 (ELA) and Goal #2 (Math)).

#1  
**Service**  
 330 Specialized Academic Instruction

Individual  
 Group

**Frequency**  
 XXX

**Duration**  
 XXX

**IEP Goal**  
 XXX

**Service Delivery Method(s)**  
 XXXX

Indicate whether the services will be provided individually or in a group setting.

Enter the duration (the length of time) the service will be

### Sample Service Delivery Methods:

13. Teacher/provider-posted lessons, asynchronous (online or other media)
14. Personalized learning tools (virtual or paper packets)
15. Scheduled email check-ins (parent or student)
16. Virtual class/group meetings, synchronous
17. Scheduled teacher/provider appointments (virtual or in-person, as available)
18. Virtual office hours/drop-in (parent or student)

Enter how the Extended School Year services will be provided when the LEA will be closed due to an emergency.

Use the "Add" option to add each Extended School Year service to the Contingency Plan, utilizing the information above. Each Extended School Year service the student will be receiving should be added as a service in this section.

#2  
**Service**  
 415 Language and speech

Individual  
 Group

**Frequency**  
 XXX

**Duration**  
 XXX

**IEP Goal**  
 XXX

**Service Delivery Method(s)**  
 XXX

#3  
**Service**  
 450 Occupational therapy

Individual  
 Group

**Frequency**  
 XXX

**Duration**  
 XXX

**IEP Goal**  
 XXX

**Service Delivery Method(s)**  
 XXX



Use drop-down option to identify the supplementary aids and/or services the student will receive while an LEA is closed due to an emergency (ex: accommodations/modifications).

If not listed, use "other" and add the supplementary aid and/or services to the "Other" box.

Enter the frequency (how often) the supplementary aids and/or services will be provided.

Enter which IEP goals the supplementary aid and/or service will be addressing (example: Goal #1 (ELA) and Goal #2 (Math)).

### SUPPLEMENTARY AIDS AND SERVICES

IEP Goals to be Addressed from IEP Dated  Not Applicable

#1 Service  Individual  Group

Indicate whether the supplementary aids and/or services will be provided individually or in a group setting.

Other  
SAMPLE FOR EXAMPLE PURPOSES ONLY: Chunking assignments into manageable sections

Frequency  
XXX

Duration  
XXX

Enter the duration (the length of time) the supplementary aids and/or services will be offered.

IEP Goal  
XXX

Service Delivery Method(s)  
XXX

Enter how the supplementary aids and/or services will be provided when the LEA will be closed due to an emergency.

- Sample Service Delivery Methods:
1. Teacher/provider-posted lessons, asynchronous (online or other media)
  2. Personalized learning tools (virtual or paper packets)
  3. Scheduled email check-ins (parent or student)
  4. Virtual class/group meetings, synchronous
  5. Scheduled teacher/provider appointments (virtual or in-person, as available)
  6. Virtual office hours/drop-in (parent or student)



Use the “Add” option to add each Supplementary Aid and/or Service to the Contingency Plan, utilizing the information above. Each Supplementary Aid and/or Service the student will be receiving should be added in this section.

**#2**  
**Service**  
Consultation between \_\_\_\_\_ and \_\_\_\_\_.  
 Individual  
 Group

**Other**  
SAMPLE FOR SELPA EXAMPLE ONLY: Consultation between Special Education Teacher and General Education Teacher

**Frequency**  
XXX

**Duration**  
XXX

**IEP Goal**  
XXX

**Service Delivery Method(s)**  
XXX

**#3**  
**Service**  
Other  
 Individual  
 Group

**Other**  
SAMPLE FOR SELPA EXAMPLE ONLY: Extended time by 100% on writing assignments and all assessments

**Frequency**  
XXX

**Duration**  
XXX

**IEP Goal**  
XXX

**Service Delivery Method(s)**  
XXX





\*The following is a SAMPLE SINGLE SCENARIO PLAN from the above information generated in a PDF Format from SEIS. This is a SAMPLE ONLY.

**EL DORADO COUNTY TRAINING  
SELPA Emergency Circumstances  
Program**

Student Name: XXX

Meeting Date: XX/XX/XXX

School year: 2020-2021

Birthdate: XX/XX/XXXX

If instruction, services, or both, cannot be provided to Student, either at school or in person for more than 10 school days due to one or more emergency conditions as defined by Education Code § § 46392(a) and 41422(a), Student's IEP services will be provided to the extent practicable, taking into consideration Student's unique circumstances, the specific emergency circumstance(s), District policy, and federal, state and local orders. **The following service delivery methods may be used, as specified below:**

1. Teacher/provider-posted lessons, asynchronous (online or other media)	2. Personalized learning tools (virtual or paper packets)	3. Scheduled email check-ins (parent or student)
4. Virtual class/group meetings, synchronous	5. Scheduled teacher/provider appointments (virtual or in-person, as available)	6. Virtual office hours/drop-in (parent or student)

**SPECIALIZED ACADEMIC INSTRUCTION AND RELATED SERVICES**

Services(s)	<i>Specialized Academic Instruction</i> <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Group	<i>Language and speech</i> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group	<i>Occupational therapy</i> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Individual <input type="checkbox"/> Group
Frequency & Duration	Frequency: <u>XXX</u> Duration: <u>XXX</u>	Frequency: <u>XXX</u> Duration: <u>XXX</u>	Frequency: <u>XXX</u> Duration: <u>XXX</u>	Frequency: Duration:	Frequency: Duration:
Service Delivery Method(s)	<u>XXXX</u>	<u>XXXX</u>	<u>XXXX</u>		
IEP Goals to be Addressed from IEP Dated <u>2/2/2021</u> .	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>		

**TRANSITION SERVICES**  Not Applicable

Services(s)	<i>College awareness</i> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group	<i>Career awareness</i> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Individual <input type="checkbox"/> Group
Frequency & Duration	Frequency: <u>XXX</u> Duration: <u>XXX</u>	Frequency: <u>XXX</u> Duration: <u>XXX</u>	Frequency: Duration:	Frequency: Duration:	Frequency: Duration:
Service Delivery Method(s)	<u>XXXX</u>	<u>XXXX</u>			
IEP Goals to be Addressed from IEP Dated <u>2/2/2021</u> .	<u>XXX</u>	<u>XXX</u>			

**EXTENDED SCHOOL YEAR SERVICES**  Not Applicable

Services(s)	<i>Specialized Academic Instruction</i> <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Group	<i>Language and speech</i> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group	<i>Occupational therapy</i> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Individual <input type="checkbox"/> Group
Frequency & Duration	Frequency: <u>XXX</u>	Frequency: <u>XXX</u>	Frequency: <u>xxx</u>	Frequency:	Frequency:

	Duration: <u>XXX</u>	Duration: <u>XXX</u>	Duration: <u>xxx</u>	Duration:	Duration:
Service Delivery Method(s)	<u>XXXX</u>	<u>XXXX</u>	<u>XXXX</u>	_____	_____
IEP Goals to be Addressed from IEP Dated <u>2/2/2021</u> .	<u>XXX</u>	<u>XXX</u>	<u>xxx</u>	_____	_____

**SUPPLEMENTARY AIDS AND SERVICES**  Not Applicable

Services(s)	<u>Other</u>  <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group  <i>SAMPLE FOR SELPA EXAMPLE ONLY: Chunking assignments and assessments into manageable sections.</i>	<u>Consultation between _____ and _____.</u>  <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Group  <i>SAMPLE FOR SELPA EXAMPLE ONLY: Consultation between Special Education Teacher and General Education Teacher</i>	<u>Other</u>  <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group  <i>SAMPLE FOR SELPA EXAMPLE ONLY: Extended time by 100% on writing assignments and all assessments</i>	<u>Other</u>  <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group  <i>SAMPLE FOR SELPA EXAMPLE ONLY: On-task reminders during class periods</i>	    <input type="checkbox"/> Individual <input type="checkbox"/> Group
Frequency & Duration	Frequency: <u>XXX</u> Duration: <u>XXX</u>	Frequency: <u>XXX</u> Duration: <u>XXX</u>	Frequency: <u>XXX</u> Duration: <u>XXX</u>	Frequency: <u>XXX</u> Duration: <u>XXX</u>	Frequency: Duration:
Service Delivery Method(s)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	_____
IEP Goals to be Addressed from IEP Dated <u>2/2/2021</u> .	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	_____

**Additional Comments or Provisions:** Include any additional information regarding the Contingency Plan, such as multi-scenario phased plans, or transportation options.

**This Emergency Services Plan does not constitute a change to the District’s offer of FAPE during non-emergency school days, and its implementation during emergency circumstances does not constitute “stay-put” placement or services.**