

CONTINUITY OF INSTRUCTION AND INDIVIDUAL EDUCATION PROGRAM (IEP) IMPLEMENTATION PLAN

STUDENT NAME				GRADE LEVEL	
DISTRICT					
SCHOOL					
EVALUATION DATE		IEP DATE		DATE OF BIRTH	
CASE MANAGER					
Date(s) school physically closed for all students due to COVID-19 or the threat of COVID-19					
From		To		Number of School Days	
From		To		Number of School Days	
Date(s) educational services were provided to any or all students during the time periods above					
From		To		Number of School Days	
From		To		Number of School Days	
Description of educational services provided by local education authority (LEA) to ALL students at this grade level during the physical closure.					
Description of IEP Services, considering the student's unique circumstances that could affect distance learning, provided by LEA for this student during the physical closure above. (Use the space below to document IEP services delivered through alternate or additional methods, when feasible, including any accommodations/modifications provided to enable access to instructional materials.)					
SERVICES PROVIDED TO STUDENT DURING CLOSURE					
Service	Initiation Date	Frequency	Location	Duration	Staff Responsible for Delivering Service
<input type="checkbox"/> No services provided during closure. Consideration of compensatory services will be done a later date.					

EVALUATION TIMELINES

Date evaluation is due		Due during closure?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?			
Parent agreed to plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date and method	

IEP TIMELINES

Date IEP is due		Due during closure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the plan for completion of the IEP within the required timeline, including the participation of all IEP team members, including the parent (and student if appropriate)?			
Parent agreed to plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date and method	

PARENT CONTACT LOG

Name of Parent/Guardian	By Whom	Date/Time	Topic(s) discussed

Other Information (Use the space below to document any additional relevant information, including the student's unique circumstances that could affect their distance learning.)