**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of LEA**

**SPECIAL EDUCATION DEPARTMENT**

**SPECIAL EDUCATION CONTINGENCY PLAN**

STUDENT’S NAME BIRTHDATE AGE \_\_\_\_\_\_\_\_\_\_\_

STUDENT’S ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT’S HOME CAMPUS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT’S ELIGIBLITY CATEGORY/CATEGORIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN’S HOME/CELL PHONE NUMBER(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ YES \_\_\_ NO An interpreter assisted in completing this form.

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| **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP)** |
| Enter the student’s PLAAFP statements here. The PLAAFP statements in this section may come from the student’s current IEP, but should also address the extent to which the student’s disability impacts his/her participation in instruction in the remote setting. |
| **ACADEMIC AND FUNCTIONAL GOALS** |
| Enter the goals that will be implemented for the student here. |
| **DATA COLLECTION AND PROGRESS REPORTING** |
| Explain here how and when data regarding the student’s progress toward mastery of his/her IEP goals will be gathered and when the student’s progress toward mastery of his/her IEP goals will be reported to the student’s parents. |
| **SECONDARY TRANSITION** |
| If needed, enter any considerations related to the student’s secondary transition here. |
| **SUPPLEMENTARY AIDES AND SERVICES** |
| Enter the student’s supplementary aides and services that will be implemented here. These should be determined based on the student’s PLAAFP statements and should assist the student in successfully accessing learning and services during remote instruction.  |
| **ACCOMODATIONS** |
| Enter the student’s accommodations that will be implemented here. These should be determined based on the student’s PLAAFP statements and should assist the student in successfully accessing learning and services during remote instruction.  |
| **BEHAVIOR INTERVENTION PLAN OR BEHAVIOR IMPROVEMENT PLAN** |
| Enter information from the student’s behavior intervention plan or behavior improvement plan that will be applicable during the time the student is receiving remote instruction. |

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| --- |
| **INSTRUCTIONAL SERVICES TO BE PROVIDED TO THE STUDENT** |
| INSTRUCTION | Gen. Curr. | Gen. | Spec. | Location | Progress/Grade Determined By: |
|  | Modified | Ed. | Ed. | General | Special | Joint |
| Course/Curriculum Area | Yes | No | Time | Time | Education | Education |
|  |  |  |  |  | Provided remotely |  |  |  |
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**RELATED SERVICES TO BE PROVIDED TO THE STUDENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Related Service | Frequency | Location | Duration | Direct or Indirect |
|  |  | Provided remotely |  |  |
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**Please note that some students may have other components or supplements as part of their IEPs. LEAs must ensure that those components or supplements are included in this form as needed. The IEP components or supplements required by statute or regulation may be found in the IEP Model Form at** <https://tea.texas.gov/academics/special-student-populations/special-education/programs-and-services/iep-model-form>**.**

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

**In the event that the student’s IEP was amended by agreement to include the Special Education Contingency Plan in the student’s IEP, complete the section below.**

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?

**For questions related to this document and/or the services your child will be provided during this time, please contact** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.