

Effective dates for this plan: Date _____ until campuses reopen.

Name of LEA

SPECIAL EDUCATION DEPARTMENT

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 closed but continuing to provide instruction during the COVID-19 pandemic. 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 IEP agreed upon by the student's admission, review, and dismissal (ARD) committee. **Without documented parent/guardian agreement under 34 CFR §300.324 to amend the student's IEP, this document should not be considered a fulfillment of an IDEA requirement.** 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 and to assist the ARD committee in determining what, if any, compensatory services will be provided to the student once school reopens. LEAs must coordinate with a student's parents/guardians in the completion of this document, and it must be individualized for each student.*

STUDENT'S NAME _____ BIRTHDATE _____ AGE _____

STUDENT'S ID # _____

STUDENT'S HOME CAMPUS _____

STUDENT'S ELIGIBILITY CATEGORY/CATEGORIES _____

PARENT'S/GUARDIAN'S NAME _____

HOME ADDRESS _____ CITY _____ ZIP _____

PARENT/GUARDIAN'S HOME/CELL PHONE NUMBER(S) _____

YES NO An interpreter assisted in completing this form.

WHO PARTICIPATED IN THE COMPLETION OF THIS DOCUMENT?

(PLEASE NOTE THAT THERE IS NO REQUIREMENT FOR ANY SPECIFIC INDIVIDUAL(S), OTHER THAN THE STUDENT'S PARENT/GUARDIAN, TO PARTICIPATE IN THE DOCUMENTATION COMPLETION)

Student	Parent/Guardian
General Education Teacher	School Administrator
Special Education Teacher	District Representative
Related Service Provider	Other

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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 how the student's disability impacts his/her participation in the virtual learning environment.

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 in the virtual environment.

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ACCOMMODATIONS
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 in the virtual environment.

SPECIAL EDUCATION INSTRUCTIONAL SERVICES TO BE PROVIDED TO THE STUDENT

INSTRUCTION Course/Curriculum Area	Gen. Curr. Modified		Gen. Ed Time	Spec. Ed Time	Location	Progress/Grade Determined By:		
	Yes	No				Education	Education	Joint
					Provided remotely			

RELATED SERVICES TO BE PROVIDED TO THE STUDENT

Related Service	Frequency	Location	Duration	Direct or Indirect
		Provided remotely		

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?

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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 _____.