*The Department is providing this special education Student Remote Learning Plan template as a resource. Please note that this is a suggested form, not a required form. Schools and districts that have developed their own remote learning plans for students should continue to use the plans they currently have in place.*

 [Insert District/School Letterhead]

# **Student Remote Learning Plan**

|  |
| --- |
| **Dates for this Plan** |
| Start Date:  | End Date: when campuses reopen |
| Plan Modification Date(s): | End Date: when campuses reopen |

|  |  |
| --- | --- |
| **Student Information** | 1. The purpose of this plan is to communicate how educational opportunities and services will be delivered to your student during the COVID-19 emergency.
2. Special education services for your student will look different during this period of national and state public health emergency.
3. **This is not an IEP amendment.**
4. As the district continues to develop and improve remote learning systems and opportunities, this learning plan may be modified.
 |
| Name |  |
| Phone/Email |  |
| **District/School Liaison to Family** |
| Name |  |
| Phone/Email |  |

|  |
| --- |
| **How will my child’s general educators, special educators and related service providers continue to collaborate while school is closed?** |
|  |

|  |
| --- |
| **Resources and Supports** |
| **Special education and related services will be provided remotely through strategies, assignments, projects and packets. Services provided to students will also include regular and ongoing communication from special education team members.** |
| **Generally, what kind of strategies, assignments, projects and packets can I expect to receive from my child’s educators and related service providers?** |  |
| **What should I expect in the way of regular and ongoing communication from my child’s special education team?**  |  |

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| --- |
| **Services and Instruction** |
| **Special education and related services provided remotely through virtual, online or telephonic instruction** |
| **Which educators and/or related service providers will be providing services through virtual, online or telephonic instruction?** |

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Contact Information** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

 |
| **What, when and how will these services be provided remotely? What is the duration of each service?** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| What:  | **When** |  |  |  |  |  |
|  **How** |  |  |  |  |  |
|  |
| What: | **When** |  |  |  |  |  |
| **How** |  |  |  |  |  |
|  |
| What: | **When** |  |  |  |  |  |
| **How** |  |  |  |  |  |
|  |
| What: | **When** |  |  |  |  |  |
| **How** |  |  |  |  |  |

 |

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| --- |
| **What else do I need to know to prepare my child for remote service delivery?** |
|  |