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| **PURPOSE:** *This optional template is to support individualized student planning for the delivery of special education and related services through continuous learning instruction during school facility closure. The Continuous Learning Plan is not intended to replace a student’s IEP, but rather to document individual decisions for special education services during school facility closure. See the OSPI Special Education publication* [*Supporting Inclusionary Practices during School Facility Closure*](https://www.k12.wa.us/sites/default/files/public/specialed/inclusion/Supporting-IP-School-Facility-Closure.pdf) *for additional information and strategies to support student planning.* |

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| Student Name: |  | | Student SSID: | |  | |
| Parent/Guardian: |  | | Phone/email: | |  | |
| District: |  | | School: | |  | |
| Date of Birth: |  | | Case Manager: | |  | |
| Evaluation Date: |  | | IEP Date: | |  | |
| Meeting Date: |  | | Meeting Method: | | email  phone  video  other | |
| Interpreter needed?  Yes  No | | Language/modality: | |  | | Interpreter provided?  Yes  No |

**Date(s) of School Facility Closure**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date(s) school was closed for all students** *(i.e., no educational services were provided to any student)* | | | | | | |
| From: |  | | To: |  | # of School Days: |  |
| **Date(s) educational services were provided to students, but this student did not receive services:** | | | | | | |
| From: |  | To: | |  | # of School Days: |  |
| **Date(s) services will be provided to this student through continuous learning instruction:** | | | | | | |
| From: |  | To: | |  | # of School Days: |  |

**Participants**

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| **Enter the names and roles of IEP team members participating in the Continuous Learning Plan development:** | | | | |
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| **Agenda for continuous learning plan development:** |
| * Welcome and introductions * Family communication preferences–tool/modality, frequency, times of day/week, etc. (Appendix B) * Family supports needed–technology devices, internet access, materials, etc. (Appendix C) * Prioritize continuous learning activities based on student and family needs. (Appendices C, F, and G) * Determine continuous learning services through school facility closure. (Appendices D and E) * Begin planning for services and supports once school resumes. (Appendix E) |

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| **Special Education Timelines** | | | |
| **Date evaluation is due:** |  | **Due during facility closure?** | Yes  No |
| If yes, what is the plan for completion of the evaluation (initial or reevaluation), including parent participation? | | | |
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| **Date IEP is due:** |  | **Due during facility closure?** | Yes  No |
| If yes, what is the plan for completion of the IEP, including the participation of all IEP team members, including the parent (and student if appropriate)? | | | |
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| **Present levels and priorities:** Describe the student’s strengths, present levels, and anticipated needs for accessing continuous learning instruction. (Appendices B and C) |
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| **Parent input on continuous learning priorities for the student during the school facility closure:** |
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| **Continuous learning goals:** Describe the learning goals for the duration of the school facility closure, including when and how progress toward those goals will be measured. (Appendices D, E, F, and G) | | |
| **Area of focus:** | **Goal:** | **When & How Measured?** |
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| **Accommodations/modifications for continuous learning:** Describe the supports needed by the student in the continuous learning setting, and how and when they will be provided. (Appendix E) | |
| **Accommodation/modification needed:** | **How and when will it be provided?** |
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| **Supports for providers and family during continuous learning instruction:** Identify the supports needed for the staff working with the student and those needed for the family. (Appendix B) | |
| **Supports needed for staff:** | **Supports needed for family:** |
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| **Special education and related services to be provided through continuous learning instruction[[1]](#footnote-2):** (Appendix E) | | | | | | | |
| **Service** | **Initiation Date** | **Frequency** | **Modality** (e.g., worksheet, platform, program, etc.) | | **Duration** | **Staff Delivering Service** | |
| **Specially Designed Instruction:** | | | | | | | |
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| **Related Services:** | | | | | | | |
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| **Description of services:** Use the space below to document/describe additional information regarding the services delivered through continuous learning instruction during school facility closure. | | | | | | | |
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| **Secondary transition and graduation planning:** Describethe priorities for transition and graduation planning during the school facility closure. (Appendix G) | | | | | | |
| **Priority:** | | | | **How will it be addressed?** | | |
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| **Planning for when school resumes:** Describetheplan for determining supports and actions once school resumes, including considerations for compensatory services and extended school year (ESY). (Appendix E) |
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| **Other information:** Use the space below to document any additional relevant information. |
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For the latest information on COVID-19, please see [OSPI’s website](https://www.k12.wa.us/about-ospi/press-releases/novel-coronavirus-covid-19-guidance-resources).

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1. Per [federal guidance](https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/qa-covid-19-03-12-2020.pdf), the U.S. Department of Education understands that there may be exceptional circumstances that could affect how a particular service is provided. [↑](#footnote-ref-2)