**Continuous Learning Plan IEP Amendment**

A free appropriate public education (or FAPE) will continue to be made available to all special education students. That said, adjustments to each student’s FAPE will be necessary due to the evolving response to the COVID-19 pandemic. For example, adjustments may need to be made so that students can receive their education remotely due to school closures, parental choice, or other reasons. Likewise, the in-person school environment will change, at least temporarily, for all students, including those with disabilities. As a result, the school and the parents have agreed to amend the Student’s IEP as follows to account for the pandemic-related restrictions and modalities of access.

**The current IEP dated \_\_\_\_\_\_\_\_\_\_** is expected to resume as written once school operations return to pre-COVID conditions and may be revisited sooner if the Case Conference Committee determines a change needs to be made or the parent(s) request a CCC meeting.

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Contacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **In-Person Learning** | *Accessing in-person given current state and district COVID-19 restrictions. The following agreed upon temporary adjustments to the IEP will be in place:* |
| **Current IEP (Traditional Brick & Mortar)** | **Adjustments due to Covid-19 -Temporary Plan** |
| **Goal Statement/Criteria:** Note any adjustments needed given COVID-19 restrictions. Remember the transition and behavior goals if applicable. Include discussion notes |  |
| **Services:** Note any adjustments needed given COVID-19 restrictions. Remember transition services and behavior plans if applicable. Include discussion notes |  |
| **Accommodations:** Note any adjustments needed given COVID-19 restrictions.  Include discussion notes |  |
| **Transportation**:Note any adjustments needed given COVID-19 restrictions.  Include discussion notes |  |
| **Related Services**: Note any adjustments needed given COVID-19 restrictions. Remember sensory goals, services and accommodations if applicable. Include discussion notes |  |
| **Other:** |  |

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| --- | --- |
| **Remote Access -** | *Accessing remotely utilizing the local educating district’s remote learning plan due to COVID-19. The following agreed upon temporary adjustments will be in place:* |
| **Current IEP** | ***Adjustments due to Covid-19 -Temporary Plan*** |
| **Goal Statement/Criteria:** Note any adjustments needed given remote location due to COVID-19. Remember the transition and behavior goals if applicable. Include discussion notes. |  |
| **Services:** Note any adjustments needed given remote location due to COVID-19.Remember transition services and behavior plans if applicable. Include discussion notes. |  |
| **Accommodations:** Note any adjustments needed given remote location due to COVID-19. Include discussion notes. |  |
| **Modality**: Note how student will access education ( internet, packets, etc.) and how that will look for the student. Include discussion regarding decisions to minimize possible barriers to access if applicable. Include discussion notes |  |
| **Progress monitoring:** Note any adjustments needed to progress monitor. Include discussion notes. |  |
| **Assistance Needed:** Note any assistance student may need from an adult at home and how that might be accomplished, Include discussion notes. |  |
| **Related service:** Note any adjustments needed given remote location due to COVID-19.Remember sensory goals, services and accommodations if applicable. Include discussion notes. |  |
| **Other** Include other issues discussed from parent or TOR if applicable. |  |

Additional Notes from discussion with parent;

I agree with this temporary amendment plan. I understand that the current IEP will resume once normal school operations resume. I understand that I may request to have a Case Conference at any time.

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Parent Signature Date

Parent verbal agreement \_\_\_\_\_Date IEP amendment sent home \_\_\_\_\_\_\_

Teachers:

Download into the Notes section of the IEP

Send to Co-op: student records covidamend@neisec.com