

Special Education Continuous Learning Plan

PURPOSE: This form is to support individualized student planning for the delivery of special education and related services through continuous learning instruction during school facility closures due to the Novel Coronavirus (COVID-19). 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.

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

Continuous Learning Plan Services Matrix (Refer to Section 7: Areas of Need in the IEP)					
Service Area	Parent agrees to services	Frequency	Modality	Duration	Staff Delivering Service
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Continuous learning priorities: Describe the learning priorities for the duration of the school facility closure, including when and how progress toward those priorities will be measured. (Refer to areas of eligibility & IEP goals)		
Service Area:	Priority:	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?

Parent input on continuous learning priorities for the student during the school facility closure:

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Supports needed for family during continuous learning instruction:

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Family technology needs:

Tool/Modality	Access
Laptop	<input type="checkbox"/> Family Provided <input type="checkbox"/> District Provided <input type="checkbox"/> Not Needed
Wifi	<input type="checkbox"/> Family Provided <input type="checkbox"/> District Provided <input type="checkbox"/> Not Needed
Other:	

Participants

Enter the names and roles of IEP team members participating in the Continuous Learning Plan development:

_____	_____
_____	_____
_____	_____

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Addendum: Complete the following section for students age 16 or older:

Secondary transition and graduation planning: Describe the transition services to be implemented as part of the continuous learning plan in supporting student progress towards postsecondary goals.	
Transition Services	Person Responsible