

DEPARTMENT OF EDUCATION
DIVISION OF SPECIAL EDUCATION

Date: _____

PURPOSE: This form is for internal use to assist districts in tracking special education timelines and services for individual students during school closures as a result of the Novel Coronavirus (COVID-19).

School Closure Tracking Template for Students with IEPs

Student name: _____ Student ID: _____
 _____ School: _____
 Evaluation date: _____ IEP Date: _____
 Date of Birth: _____ Case Manager: _____

Date(s) of School Closure

Date(s) school was closed for all students (i.e., no educational services were provided to any student)

From:		To:		# of School Days:	
From:		To:		# of School Days:	
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:	
From:		To:		# of School Days:	
From:		To:		# of School Days:	

Plan for providing compensatory services based on this individual student's needs:

Names/titles of IEP team members participating in determination of compensatory services:

_____	_____
_____	_____
_____	_____

The matrix below documents:		<input type="checkbox"/> Services provided to this student during the closures		<input type="checkbox"/> Compensatory services to be provided	
Service	Initiation Date	Frequency	Location	Duration	Staff Responsible for Delivering Service

Description of IEP Services (use the space below to document IEP services delivered through alternate or additional methods, when feasible)¹:

Evaluation Timelines

Date evaluation is due:		Due during closure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the plan for completion of the evaluation, including the participation of the parent in the process?			
Was parent notified of plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date & method:	

IEP Timelines

Date IEP is due:		Due during closure?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?			
Was parent notified of plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date & method:	

Other Information (use the space below to document any additional relevant information):

¹ Per [federal guidance](#), the U.S. Department of Education understands that there may be exceptional circumstances that could affect how a particular service is provided.