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| **INDIVIDUAL CONTINGENCY PLAN** |

* School systems may use this template to create a form that documents the temporary individualized plan to provide special education services to a student with a disability during times of modified operations and instruction for all students. It may be used to document services that will be provided so there is clarity for both parents/guardians and educators during modified operations.
* This is an illustrative document and school systems should modify the template as directed by their special education professionals.
* While some or all of the information recorded in this document may come from the student’s individualized education program (IEP), this template form is not intended to serve as, or to replace, the most recent official IEP agreed upon by the student’s IEP team.
* Without a documented agreement by the parent/guardian to amend the student’s IEP, this template document does not meet the IDEA’s IEP amendment requirements under 34 CFR § 300.342.
* School systems must coordinate with a student’s parent/guardian to complete this document, and it must be individualized for each student.
* School system educators and service providers should document and report any special education services they provide to students with disabilities.
* School systems should review and update this form regularly during times of modified operations, as needed.

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| **STUDENT INFORMATION** | |
| STUDENT NAME / UNIQUE ID |  |
| PARENT/GUARDIAN NAME |  |
| PARENT PREFERRED CONTACT INFORMATION  (Phone number / email address) |  |
| GENERAL STUDENT AND FAMILY INFORMATION | (list relevant considerations, including technology access and health considerations) |
| EFFECTIVE DATES /CONDITIONS  (This is a temporary individualized plan. Recommend review every four weeks.) |  |

In this section, add considerations that are specific to the student’s needs and context during modified operations. This should be new or additional information, not a repetition of the student’s IEP.

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| **IEP CONSIDERATIONS** | |
| PRESENT LEVELS OF PERFORMANCE | * Same as current IEP (no description below) * Additional information (add description below) |
| *[Enter any additional considerations* ***specific*** *to how the student’s disability impacts his/her participation during modified operations, if applicable.]* | |
| ANNUAL GOALS/OBJECTIVES | * Same as current IEP (no description below) * Additional/Modified goals/objectives (add description below) |
| *[Enter any additional considerations* ***specific*** *to how the student’s disability impacts his/her participation in or how any IEP goals/objectives are addressed during modified operations, if applicable.]* | |
| ACCESSIBILITY + ACCOMMODATIONS | * Same as current IEP (no description below) * Additional information (add description below) |
| *[Enter any additional accessibility or accommodations considerations. These should be based on the student’s PLOP and should assist the student in successfully accessing and participating in continuous learning.]* | |
| OTHER CONSIDERATIONS | * N/A (no description below) * Additional information (add description below) |
| *[Enter any other considerations* ***specific*** *to how the IEP will be implemented, if applicable.]* | |

In this section, add the special education and related services that will be provided to the student during modified operations. Due to modified operations and instruction for all students, the services for students with disabilities may need to be modified from the student’s current IEP to ensure each student’s unique circumstance and needs are met. This information should clearly communicate the services the student will receive.

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| **SPECIAL EDUCATION AND RELATED SERVICES TO BE PROVIDED TO THE STUDENT** | | | | |
| Type of Service | Personnel Type | Frequency  (per week) | Method  (small group, 1:1, direct) | Location  (Virtual Platform, Phone) |
| *Counseling* | *Social Worker* | *1x / 30 min* | *1:1* | *Phone* |
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In this section, document a student’s typical weekly schedule during modified school operations. This section should help special education teachers, general education teachers, direct services providers, and parents/guardians coordinate and understand service delivery.

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| **STUDENT WEEKLY SCHEDULE** | | | | | | | |
| Time | Service | Personnel Name | Mon. | Tues. | Wed. | Thurs. | Fri. |
| *9-9:30* | *SPEECH THERAPY* | *JOHNNY McSPEECH* |  | *✔* |  | *✔* |  |
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This section documents whether parent/guardian consent was obtained and who created the document.

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| Did the student’s parent/guardian and the school system agree that this document serves as an amendment to the student’s IEP under 34 CFR §300.324? | * Yes * No |
| If yes, how/when did the student’s parent/guardian agree that this document will serve as an amendment to the student’s IEP under 34 CFR §300.324? | *[Date/Method of Contact/Brief Summary of Contact]* |
| Who participated in the completion of this document? | *[Student/Teacher/Parent/Guardian/School Administrator/District Representative/Direct Service Provider/Others]* |

In this section, add notes including check-ins with students and parents/guardians. Add the name of the school personnel checking in, the date of the check in, student response to service delivery, any adjustments to service delivery, and other notes. It is recommended that school systems review this document at least every four weeks.

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| **NOTES** |
| *[Add any notes about implementation of special education and related services here.]* |