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| **EXTENDED SCHOOL BUILDING CLOSURE – *STRONG START COMPENSATORY SERVICES* PLAN** |

* School systems may use this template to create a form that documents the *Strong Start Compensatory Services* plan to provide special education and related services to a student with a disability. This form may be used to document services that the school system will provide or has provided so there is clarity for both parents/guardians and educators.
* 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 supports and services recorded in this document may also be part of the student’s individualized education program (IEP), this template is not intended to serve as, or to replace, the most recent official IEP agreed upon by the student’s IEP team.
* School systems must coordinate with a student’s parent/guardian to complete this document, and it must be individualized for each student.

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| **STUDENT INFORMATION**  |
| STUDENT NAME / UNIQUE ID |  |
| PARENT/GUARDIAN NAME |  |
| PARENT PREFERRED CONTACT INFORMATION  |  |
| TECHNOLOGY ACCESS (Check all that apply)  | * Device Access (computer, tablet)
* Internet Access
* Internet hotspot / mobile device available
* Phone Access
* No Technology Access
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| STUDENT’S *STRONG START COMPENSATORY SERVICE*DELIVERY METHOD(S)(May check more than one. Some students may have different service delivery methods based on the service.) | * In-Person
* Virtual Platform (e.g. Google Classroom)
* Telephone Support
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| EFFECTIVE DATES  | BEGIN DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ANTICIPATED END DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

In this section, add the goal(s) that will be addressed through *Strong Start Compensatory Services*.

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| **GOALS TO BE ADDRESSED THROUGH *STRONG START COMPENSATORY SERVICES*** |
| GOAL #1 |
| GOAL #2 |
| GOAL #3 |
| GOAL #4 |

In this section, add the special education and/or related services that will be provided to the student due to the impact of extended school building closures and the student’s unique circumstance and needs. This information should clearly communicate the *Strong Start Compensatory Services* the student will receive and ensure the delivery of *Strong Start Compensatory Services* does not interfere with, or change, a student’s least restrictive environment.

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| ***STRONG START COMPENSATORY* SPECIAL EDUCATION AND RELATED SERVICES TO BE PROVIDED TO THE STUDENT** |
| Goal Focus | Type of Service | Personnel Type | Frequency (per week) | Method (small group, 1:1, direct)  | Location (Virtual Platform, Phone, In-Person) |
| *1* | *Counseling* | *Social Worker* | *1x / 30 min* | *1:1* | *Virtual* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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 the *Strong Start Compensatory Services* to be provided to the student?  | * Yes
* No
 |
| If yes, how/when did the student’s parent/guardian agree that this document will serve as documentation of the *Strong Start Compensatory Services*?  | *[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 *Strong Start Compensatory Service* delivery, any adjustments to *Strong Start Compensatory Service* delivery, and other notes.

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| **NOTES** |
| *[Add any notes about implementation of*  *Strong Start Compensatory Services, special education and related services during continuous learning here.]* |