

**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). For the latest information on COVID-19, please see OSPI's website at: <https://www.k12.wa.us/about-ospi/press-releases/novel-coronavirus-covid-19-guidance-resources>.

## School Closure Tracking Template for Students with IEPs

Student name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 District: \_\_\_\_\_ School: \_\_\_\_\_  
 Evaluation date: \_\_\_\_\_ IEP Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Case Manager: \_\_\_\_\_

### Date(s) of School Closure

Date(s) school was closed for all students <i>(i.e., no educational services were provided to any student)</i>			
From:	To:	# of School Days:	

The matrix below documents:		<input type="checkbox"/> Services provided to this student during the closures			
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)<sup>1</sup>:

### Evaluation Timelines

<b>Date evaluation is due:</b>		<b>Due during closure?</b>	<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

<b>Date IEP is due:</b>		<b>Due during closure?</b>	<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:	

<b>Other Information</b> (use the space below to document any additional relevant information):

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