**Tracking Your Student’s Special Education Service Delivery Every Week**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **How was your student taught?** | **Who provided instruction and for how long?** | **What subjects did the EC (Special Ed) teacher teach?** | **What other services did your student get?** | **Did your student get their accommodations?** | **Notes (e.g., what went well or didn’t go well?)** |
| **Monday  \_\_\_/\_\_\_/20** | Online/Video (Google Classroom, ZOOM, etc.)  By phone  Work packets  Not at all  Other \_\_\_\_\_\_\_\_\_\_ | EC Teacher      \_\_\_hrs \_\_\_min  Regular Ed Teacher      \_\_\_hrs \_\_\_min  No one | Reading  Writing  Math  Social/Emotional  Other \_\_\_\_\_\_\_\_  None | Speech/Language  Occupational Therapy  Counseling  Other \_\_\_\_\_\_\_\_  None | All  Some  None    *If some, list:* |  |
| **Tuesday  \_\_\_/\_\_\_/20** | Online/Video (Google Classroom, ZOOM, etc.)  By phone  Work packets  Not at all  Other \_\_\_\_\_\_\_\_\_\_ | EC Teacher      \_\_\_hrs \_\_\_min  Regular Ed Teacher      \_\_\_hrs \_\_\_min  No one | Reading  Writing  Math  Social/Emotional  Other \_\_\_\_\_\_\_\_  None | Speech/Language  Occupational Therapy  Counseling  Other \_\_\_\_\_\_\_\_  None | All  Some  None    *If some, list:* |  |
| **Wednesday  \_\_\_/\_\_\_/20** | Online/Video (Google Classroom, ZOOM, etc.)  By phone  Work packets  Not at all  Other \_\_\_\_\_\_\_\_\_\_ | EC Teacher      \_\_\_hrs \_\_\_min  Regular Ed Teacher      \_\_\_hrs \_\_\_min  No one | Reading  Writing  Math  Social/Emotional  Other \_\_\_\_\_\_\_\_  None | Speech/Language  Occupational Therapy  Counseling  Other \_\_\_\_\_\_\_\_  None | All  Some  None    *If some, list:* |  |
| **Thursday  \_\_\_/\_\_\_/20** | Online/Video (Google Classroom, ZOOM, etc.)  By phone  Work packets  Not at all  Other \_\_\_\_\_\_\_\_\_\_ | EC Teacher      \_\_\_hrs \_\_\_min  Regular Ed Teacher      \_\_\_hrs \_\_\_min  No one | Reading  Writing  Math  Social/Emotional  Other \_\_\_\_\_\_\_\_  None | Speech/Language  Occupational Therapy  Counseling  Other \_\_\_\_\_\_\_\_  None | All  Some  None    *If some, list:* |  |
| **Friday  \_\_\_/\_\_\_/20** | Online/Video (Google Classroom, ZOOM, etc.)  By phone  Work packets  Not at all  Other \_\_\_\_\_\_\_\_\_\_ | EC Teacher      \_\_\_hrs \_\_\_min  Regular Ed Teacher      \_\_\_hrs \_\_\_min  No one | Reading  Writing  Math  Social/Emotional  Other \_\_\_\_\_\_\_\_  None | Speech/Language  Occupational Therapy  Counseling  Other \_\_\_\_\_\_\_\_  None | All  Some  None    *If some, list:* |  |