

**Student Continued Education Opportunity Plan\***

Student: \_\_\_\_\_ SASID: \_\_\_\_\_ School: \_\_\_\_\_

Primary point(s) of contact: \_\_\_\_\_ Plan based on IEP dated: \_\_\_\_\_

Date plan designed/ revised: \_\_\_\_\_ Date plan implemented: \_\_\_\_\_ Learning platform: \_\_\_\_\_

Special Education / Related Service	Supporting IEP goal(s) #	Method(s) of instruction	Frequency ____ times/wk ____ min/hr	Required Accommodation(s)/Modification(s)	Person Responsible

Special Education / Related Service	Supporting IEP goal(s) #	Method(s) of instruction	Frequency ____ times/wk ____ min/hr	Required Accommodation(s)/Modification(s)	Person Responsible

Special Education / Related Service	Supporting IEP goal(s) #	Method(s) of instruction	Frequency ____ times/wk ____ min/hr	Required Accommodation(s)/Modification(s)	Person Responsible

<b>Resources provided:</b>

Confidentiality and Privacy Disclaimer: \_\_\_\_\_ Public Schools remain obligated to protect student's confidentiality and privacy, remote learning does not enable the District to control who is viewing a lesson and therefore parents should be aware that there is no expectation of privacy.

\*This plan does not replace the student's IEP. It is a tool to document the district's effort to implement the student's current IEP to the greatest extent possible during COVID-19 school closures).