

# Remote Learning Plan

Student Name: Dr. Andy Hall Tester      Grade: Pre-K      Date: 07/28/2020      DOB: 10/13/2013

If remote learning is mandated, your child's teachers and related service providers have arranged to provide the services on Remote Learning Days, as described below, via technology and/or take-home packets. When on-site learning resumes all aspects of your child's IEP will be in effect and unchanged on the first day.

Consistent with the need to protect the health and safety of students with disabilities and those individuals providing education, specialized instruction, and related services to students will require flexibility to this unique and ever-changing environment. The District recognizes that these exceptional circumstances may affect how all educational and related services and supports are provided. Therefore, the provision of FAPE may include, as appropriate, special education and related services provided through distance instruction provided virtually, online, learning packets and telephonically.

Participation in these services is subject to the following:

- The School District's Acceptable Use Policy is applicable during these sessions.
- Students should participate in a comfortable, quiet and private location to the extent possible.
- Audio/video recording of the sessions is not allowed.
- The School District cannot control or guarantee the confidentiality of sessions held on any remote electronic platform or application. District personnel cannot control who is listening or viewing the sessions in each household. Parents/guardians should consider this when deciding whether to consent to their child's participation.
- If Parents/Guardians decline to consent, the School District will consider requests for alternative service delivery depending on each child's unique circumstances. Contact your child's case manager or the Office of Special Education (6184397231) to discuss available options.
- Parents/Guardians may request that the sessions stop at any time by notifying their child's case manager or the Office of Special Education in writing.
- School personnel will develop the date/time schedule for the session(s).

If remote learning is mandated, the case manager will make contact with parents/guardians to determine means of communication. It is important that the district has a working phone number so you can be contacted. If your phone number and/or address changes, please immediately contact the Office of Special Education at 6184397231.

Case Manager: \_\_\_\_\_

School/Program: Dr Andy Hall Early Education Center

Participation in General Education Environment		
General Education No Supplementary Aids Class	General Education With Supplementary Aids Class	Special Education In General Classroom Class

Participation in Special Education Environment		
Special Education Outside General Classroom		
Class	Minutes	Frequency
<i>EC Activities</i>	<i>235</i>	<i>Weekly</i>
<i>DTT Instruction</i>	<i>50</i>	<i>Weekly</i>

*Example of EC student with Autism - minutes are determined by following the district plan with consideration of the student's disability, skills, and sustained attention.*

*No transportation or class aide on a remote plan*

### Related Services

Related Service	Minutes	Frequency	Initiation	Duration
<i>Speech/Language</i>	<i>60</i>	<i>Monthly</i>	<i>07/28/2020</i>	<i>07/28/2021</i>
<i>Behavioral Intervention Plan</i>	<i>300</i>	<i>Monthly</i>	<i>07/28/2020</i>	<i>07/28/2021</i>

### Supplementary Aids, Accommodations, and Modifications

Specify what aids, accommodations, and modifications are needed for the child to make progress toward annual goals, to progress in the general education curriculum, participate in extracurricular and other non-academic activities, and to be educated and participate with other children with disabilities and/or nondisabled children (e.g., accommodations for daily work, environmental accommodations, moving from class to class, etc.). Supplementary aids, accommodations, and modifications must be based upon peer-review research to the extent practicable.

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*Provide a daily written schedule  
put your reasons here*

*Allow frequent breaks*

*Hands-on activities*

*Simplify language in directions/outlines*

*Break lessons or directions into smaller units*

*Reduce/minimize distractions in the environment*

**Please note these times do not denote actual contact with ANY service provider. Students will be provided assignments and case managers/related service staff will contact parents/guardians/students to offer guidance and assistance to complete task.**

If you disagree with any aspect of the services offered at any time, you may contact \_\_\_\_\_ at the Office of Special Education at any time and to request an IEP meeting to discuss remote learning services. *Please check one of the following:*

- I have read this form and prefer to access technology platforms to be used to deliver the identified services to my child remotely. I agree to the terms listed in this form and hereby give consent for my child to participate in services virtually, online, or telephonically.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

- I have read this form and prefer that my child receive these services through paper packets instead of through technology. I understand that no face-to-face instruction or service will be provided.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

- I understand that the School District has offered to provide services to my child on Remote Learning Days and I am declining services. I understand that by declining these services, my child will not receive special education and related services during the mandated school closure and I am voluntarily waiving my right to a free appropriate public education (FAPE) and will not be able to seek compensatory services related to the school closure.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Remote Learning Plan

Student Name: Christopher Elementary Tester      Grade: 4th      Date: 07/31/2020      DOB: 12/03/2007

If remote learning is mandated, your child's teachers and related service providers have arranged to provide the services on Remote Learning Days, as described below, via technology and/or take-home packets. When on-site learning resumes all aspects of your child's IEP will be in effect and unchanged on the first day.

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Participation in these services is subject to the following:

- The School District's Acceptable Use Policy is applicable during these sessions.
- Students should participate in a comfortable, quiet and private location to the extent possible.
- Audio/video recording of the sessions is not allowed.
- The School District cannot control or guarantee the confidentiality of sessions held on any remote electronic platform or application. District personnel cannot control who is listening or viewing the sessions in each household. Parents/guardians should consider this when deciding whether to consent to their child's participation.
- If Parents/Guardians decline to consent, the School District will consider requests for alternative service delivery depending on each child's unique circumstances. Contact your child's case manager or the Office of Special Education (6184397231) to discuss available options.
- Parents/Guardians may request that the sessions stop at any time by notifying their child's case manager or the Office of Special Education in writing.
- School personnel will develop the date/time schedule for the session(s).

If remote learning is mandated, the case manager will make contact with parents/guardians to determine means of communication. It is important that the district has a working phone number so you can be contacted. If your phone number and/or address changes, please immediately contact the Office of Special Education at 6184397231.

Case Manager: \_\_\_\_\_

School/Program: Christopher Elementary School

Participation in General Education Environment		
General Education No Supplementary Aids Class	General Education With Supplementary Aids Class	Special Education In General Classroom Class
	<u>Science</u> <hr/> <u>Social Studies</u> <hr/> <u>Read Alouds</u> <hr/> <u>Writing, Spelling</u>	

Participation in Special Education Environment			
Special Education Outside General Classroom			
Class	Minutes	Frequency	
<u>Reading</u>	<u>150</u>	<u>Weekly</u>	
<u>Math</u>	<u>150</u>	<u>Weekly</u>	

Example student: SLD  
 - minutes are determined by following the district plan with consideration of the student's disability, skills, and sustained attention.

Related Service	Related Services			
	Minutes	Frequency	Initiation	Duration
<u>Speech/Language</u>	<u>80</u>	<u>Monthly</u>	<u>07/31/2020</u>	<u>07/31/2021</u>

*Review & consider which apply for remote learning*

### Supplementary Aids, Accommodations, and Modifications

Specify what aids, accommodations, and modifications are needed for the child to make progress toward annual goals, to progress in the general education curriculum, participate in extracurricular and other non-academic activities, and to be educated and participate with other children with disabilities and/or nondisabled children (e.g., accommodations for daily work, environmental accommodations, moving

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from class to class, etc.). Supplementary aids, accommodations, and modifications must be based upon peer-review research to the extent practicable.

*Provide study guides and review time*

*Post word banks/create a spelling list around the subject matter*

*Provide written directions in the small units*

*Decrease amount (not content) of homework*

*Allow fact or formula note cards for exams*

*Tests read aloud*

**Please note these times do not denote actual contact with ANY service provider. Students will be provided assignments and case managers/related service staff will contact parents/guardians/students to offer guidance and assistance to complete task.**

If you disagree with any aspect of the services offered at any time, you may contact \_\_\_\_\_ at the Office of Special Education at any time and to request an IEP meeting to discuss remote learning services. **Please check one of the following:**

- I have read this form and prefer to access technology platforms to be used to deliver the identified services to my child remotely. I agree to the terms listed in this form and hereby give consent for my child to participate in services virtually, online, or telephonically.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

- I have read this form and prefer that my child receive these services through paper packets instead of through technology. I understand that no face-to-face instruction or service will be provided.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

- I understand that the School District has offered to provide services to my child on Remote Learning Days and I am declining services. I understand that by declining these services, my child will not receive special education and related services during the mandated school closure and I am voluntarily waiving my right to a free appropriate public education (FAPE) and will not be able to seek compensatory services related to the school closure.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Individual Learning Plan

Student Name: Mount Vernon HS Tester      Grade: 12th      Date: 07/31/2020      DOB: 06/26/1997

If remote learning is mandated, your child's teachers and related service providers have arranged to provide the services on Remote Learning Days, as described below, via technology and/or take-home packets. When on-site learning resumes all aspects of your child's IEP will be in effect and unchanged on the first day.

Consistent with the need to protect the health and safety of students with disabilities and those individuals providing education, specialized instruction, and related services to students will require flexibility to this unique and ever-changing environment. The District recognizes that these exceptional circumstances may affect how all educational and related services and supports are provided. Therefore, the provision of FAPE may include, as appropriate, special education and related services provided through distance instruction provided virtually, online, learning packets and telephonically.

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- School personnel will develop the date/time schedule for the session(s).

If remote learning is mandated, the case manager will make contact with parents/guardians to determine means of communication. It is important that the district has a working phone number so you can be contacted. If your phone number and/or address changes, please immediately contact the Office of Special Education at 6184397231.

Case Manager: \_\_\_\_\_

School/Program: Mount Vernon High School

Participation in General Education Environment		
General Education No Supplementary Aids Class	General Education With Supplementary Aids Class	Special Education In General Classroom Class
	<u>Algebra 1</u> <hr/> <u>Art</u> <hr/> <u>Agriculture</u> <hr/> <u>PE</u> <hr/> <u>Civics</u>	

Participation in Special Education Environment		
Special Education Outside General Classroom		
Class		
<u>Reading MW On Campus</u>	<u>70</u>	<u>Weekly</u>
<u>Reading THF Remote</u>	<u>105</u>	<u>Weekly</u>

Schedule used : 8-1, on campus 2 day:  
remote 3 days  
Example student : SLD

### Related Services

Related Service	Minutes	Frequency	Initiation	Duration
<u>Aide-Class</u>	<u>70</u>	<u>Weekly</u>	<u>07/31/2020</u>	<u>07/31/2021</u>

Location/Additional Info  
*Classroom aide will be provided during the on campus instruction days only.*

# Remote Learning Plan

*Behavioral Intervention Plan*

*1200*

*Weekly*

*07/31/2020*

*07/31/2021*

## Location/Additional Info

*BIP will be implemented by teachers during on campus instruction. Strategies will be provided to guardians to implement during remote learning days.*

## Supplementary Aids, Accommodations, and Modifications

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*Tests read aloud*

*Provide a word bank*

*Preferential seating*

*Reduce/minimize distractions in the environment*

*Provide consistent structure*

*Allow freedom to move about, stand, pace if needed*

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\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

- I have read this form and prefer that my child receive these services through paper packets instead of through technology. I understand that no face-to-face instruction or service will be provided.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date