

Tracking Form for Compensatory Services due to COVID-19

STUDENT NAME/NUMBER				GRADE LEVEL	
DISTRICT					
SCHOOL					
EVALUATION DATE		IEP DATE		DATE OF BIRTH	
CASE MANAGER					
Date(s) school physically closed for all students due to COVID-19 or the threat of COVID-19					
From		To		Number of School Days	
From		To		Number of School Days	
				Box 1: Total NUMBER of Days Closed	
Date(s) student was at home prior to school closure, and decision to keep student home was due to COVID-19 or the threat of COVID-19					
From		To		Number of School Days	
From		To		Number of School Days	
				Box 2: Total NUMBER of Days at Home	
				Total from Box 1 + Box 2	
Date(s) school was closed for ESY					
From		To		Number of School Days	
				Box 3: Total number of Days Closed for ESY	
				Total of Box 1+2+3	
Date(s) educational services were provided to any or all students during the time periods above					
From		To		Number of School Days	
From		To		Number of School Days	
From		To		Number of School Days	
From		To		Number of School Days	
				*Total NUMBER of School Days	
<p>*NOTE: if your school had “days of no instruction for planning purposes” you need to document that above. So, let’s say a school had instruction from March 30- April 8. Then, the school sent out an email that said “April 9 and 10 will be for planning and no assignments, tests, or instruction will occur on those dates”, then you document from March 30 to April 8 in one of the rows above. Then, the next row will start with April 11.</p>					

2021

January						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

USA Holidays and Observances

Jan 01	New Year's Day	Jan 18	M L King Day	Feb 14	Valentine's Day
Feb 15	Presidents' Day	Apr 02	Good Friday	Apr 04	Easter Sunday
May 09	Mother's Day	May 31	Memorial Day	Jun 04	National Donut Day
Jun 20	Father's Day	Jul 04	Independence Day	Jul 05	Independence Day Holiday
Sep 06	Labor Day	Oct 11	Columbus Day	Oct 31	Halloween
Nov 11	Veterans Day	Nov 25	Thanksgiving Day	Dec 25	Christmas

Description of educational services provided by local education authority (LEA) to ALL students at this grade level during the physical closure.

Description of Services to be provided in the student's annual IEP

Service	Initiation Date	Frequency	Location	Duration	Staff Responsible for Delivering Service

Comments:

Description of IEP Services, considering the student's unique circumstances that could affect distance learning, provided by LEA for this student during the physical closure above. (Use the space below to document IEP services delivered through alternate or additional methods, when feasible, including any accommodations/modifications provided to enable access to instructional materials.)

SERVICES PROVIDED TO STUDENT DURING CLOSURE					
Service	Initiation Date	Frequency	Location	Duration	Staff Responsible for Delivering Service
<input type="checkbox"/> No services provided during closure. Consideration of compensatory services will be done a later date.					

EVALUATION TIMELINES

Date evaluation is due		Due during closure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the plan for completion of the evaluation within the required timeline, including the participation of the parent in the process?			
Parent agreed to plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date and method	

IEP TIMELINES

Date IEP is due		Due during closure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the plan for completion of the IEP within the required timeline, including the participation of all IEP team members, including the parent (and student if appropriate)?			
Parent agreed to plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date and method	

PARENT CONTACT LOG

Name of Parent/Guardian	By Whom	Date/Time	Topic(s) discussed

Other Information (Use the space below to document any additional relevant information, including the student's unique circumstances that could affect their distance learning.)

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