|  |
| --- |
| **Form G: Distance Learning Plan** |
| PURPOSE: This form is designed to support individualized student planning for the delivery of special education and related services on days when school facilities are closed. It is recommended this form be used in conjunction with the companion document, [Implementation guidance for alternative methods of instruction (AMI) days for students with disabilities](https://dese.mo.gov/media/pdf/alternative-methods-instruction-guidance), for additional information and strategies to support the planning of services and supports. |

**Section A** (For use with all distance learning plans)

|  |
| --- |
| **Parental and staff input on priorities needed for the student during closures (technology, instructional materials, instructional supports available in the home, training needed for parents in order to support distance learning in the home):**  |
|  |

|  |
| --- |
| **Communication Plan (describe how communication will be implemented; who will be contacting the parent, by what method, and how frequently):**  |
|  |

**Section B** (For use during short term closures of 36 instructional hours or less)

|  |
| --- |
| **Services or Supports to be provided during short term closures** |
| IEP Goal # | Description of Services or Supports | Platform/Modality/ Method of Participation | Staff Responsible for Delivering Service or Support |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Accommodations/modifications for short term closures (describe the supports needed by the student in the continuous learning setting and how and when they will be provided):** |
| Accommodation/modification needed: | How and when it will be provided: |
|  |  |
|  |  |
|  |  |
|  |  |

**Section C** (For use during long term closures or in cases when the student is unable to attend school for long term.)

|  |
| --- |
| **Description of IEP services and supports delivered through alternate or additional methods by LEA for this student during an extended closure (consider impact of extended closures on services and supports listed in Section B).** |
|  |

|  |
| --- |
| **Description of any accommodations/modifications provided to enable access to instructional materials provided by LEA for this student during an extended closure (consider impact of extended closures on accommodations and modifications listed in Section B).** |
|  |

|  |
| --- |
| **How will progress toward meeting goals be monitored and measured (especially during long term closures):** |
|  |

|  |
| --- |
| **Other information which may impact the implementation of the distance learning plan.**  |
|  |

|  |
| --- |
| **Parent Contact Log:** |
| **Name of Parent/Guardian** | **By Whom** | **Date/Time** | **Topic(s) Discussed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Log of Date(s) of School Facility Closure** |
| **From:** | **To:** | **Number of School Days:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |