
Distance Learning Planning and Tracking Form for Special Education Services

This tool is optional and is being provided as an example of how school systems can track services for eligible children and youth with disabilities. Schools should feel free to adapt this form to their needs, or to use it as it has been presented, here.

Student Name: _____ Student State ID: _____
Student School: _____ Case Manager: _____
Date of Birth: _____ Disability Category: _____
Parent/Guardian Name: _____ Dates of School Closure: _____
Parent/Guardian Phone: _____ Dates of Maintenance of Learning: _____
Parent/Guardian Email: _____ Dates of Continuity of Learning: _____

Disability/Impact on Student Learning: *(Identify the disability and areas of impact on distance learning e.g. academic, social-emotional, behavioral)*

Considerations for Accessing Instruction:

Does the student have access to an internet connection? _____

Does the student have access to appropriate educational devices? _____

Does the student require assistance or supervision when accessing the internet? _____

What are the student's preferred types of activities? _____

What are the student's current successful modes of access to instruction? _____

What accommodations and modifications are currently used to access academic materials? _____

What is the schedule of availability of the case manager or service providers to support the student? _____

Contact Information:

If you have questions about this document, contact Chris Kane at
christopher.kane@vermont.gov

Student IEP Goals:

Goal: _____

Objectives: _____

Observation/Demonstration by

Date: _____ Progress: __ Date: _____ Progress: __ Date: _____ Progress: __

Method for Tracking Progress: _____

Goal: _____

Objectives: _____

Observation/Demonstration by

Date: _____ Progress: __ Date: _____ Progress: __ Date: _____ Progress: __

Method for Tracking Progress: _____

Goal: _____

Objectives: _____

Observation/Demonstration by

Date: _____ Progress: __ Date: _____ Progress: __ Date: _____ Progress: __

Method for Tracking Progress: _____

Progress Review Dates Code: A – Achieved the goal/objective as written; S – Sufficient progress on objective is being made; likely to achieve this goal; E – Emerging progress on the objective, continuing to work towards the goal; N – Objective/goal not yet introduced

Service Provision:

Special Education Services: Direct Instruction

Initial Date: _____ Frequency: _____ Mode of Delivery: _____
 End Date: _____ Time: _____ Provider: _____
 Group Size: _____

Special Education Services: Parent/Teacher Consultation

Initial Date: _____ Time: _____ Attendees: _____
 End Date: _____ Mode of Delivery: _____ Parent Name: _____
 Frequency: Weekly Provider: _____ Teacher Name: _____
 Other: _____

Special Education Services: _____

Initial Date: _____ Time: _____ Group Size: _____
 End Date: _____ Mode of Delivery: _____
 Frequency: _____ Provider: _____

Special Education Services: _____

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Special Education Services: _____

Initial Date: _____ Time: _____ Group Size: _____
 End Date: _____ Mode of Delivery: _____
 Frequency: _____ Provider: _____

Parent: _____
 (Signature)

Case Manager: _____
 (Signature)

Date: _____

Date: _____