## **Contingency Plan for Distance Learning**

**The Contingency Plan for Distance Learning will go into effect in the event of district closure; until the district resumes on-site instruction.**

Date Created:

Student Name:

DOB:

MARSS #:

Primary Disability:  
Secondary Disability:

Tertiary Disability:

Case Manager:

Parent Preferred Mode of Communication

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Email | Phone | Text | Video Chat | Other |
|  |  |  |  |  |

|  |
| --- |
| Paraprofessional Support: |
| Due to the Centers for Disease Control guidelines, distance learning service delivery modalities will not include direct paraprofessional support. |

**Special Education Services**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service:** |  | **Location:** | **HOME** |
| **Frequency of Service Provider Contact:** |  | | |
| **Mode of Delivery:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Service:** |  | **Location:** | **HOME** |
| **Frequency of Service Provider Contact:** |  | | |
| **Mode of Delivery:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Service:** |  | **Location:** | **HOME** |
| **Frequency of Service Provider Contact:** |  | | |
| **Mode of Delivery:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Service:** |  | **Location:** | **HOME** |
| **Frequency of Service Provider Contact:** |  | | |
| **Mode of Delivery:** |  | | |