Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_

MM/DD/YY

We are developing plans for special education services to ensure the provision of a Free Appropriate Public Education (FAPE) consistent with Distance Learning during the extended school closure in response to COVID-19.

In order to ensure meaningful parent participation in this process, we are seeking your input. Please complete and return this form to (case manager) at (email address) . If you would prefer to discuss your concerns via phone, please call us at .

| **District’s Plan to Provide Distance Learning for All Students** |
| --- |
| [Insert summary of district’s plan to provide distance learning, including the provision of FAPE, here.] |

**Parent Input (Attach Additional Pages as Necessary)**

| I have the following concerns for my child’s education during extended school closure: |
| --- |
|  |

| I think the school needs to consider the following about my child’s education during extended school closure: |
| --- |
|  |

| In light of the plan described above, I have the following additional input: |
| --- |
|  |

| **Need for IEP Changes During Extended School Closure** |
| --- |
| The authorized District staff has explained to the Parent that they are not required to agree to revisions to the student’s IEP other than at an IEP meeting. |
|  |  |  |
| Authorized District Staff (Print Name) |  | Date |

| **Parent/Guardian (Complete As Appropriate)** |
| --- |
| **□** | In the event that IEP changes are needed due to the extended school closure to address parent concerns noted above or otherwise shared, or to enable the provision of FAPE during Distance Learning for All, the District and the Parent agree that an IEP meeting is not necessary to revise the student’s IEP between annual IEP meetings. In the event that such revisions are needed:* The IEP revision must be written on the student’s IEP and dated. If new IEP pages are required, these pages must be stapled to the IEP, a complete copy filed with the student’s education records, and a copy given to the parent upon request.
* The District must give the Parent Prior Notice of Special Education Action describing the IEP change.

I understand that I still retain my right to request an IEP meeting at any time in the future. |
|  |  |  |  |  |  |  |  |
|  | Parent Signature |  | Date |  | Authorized District Staff Signature |  | Date |
| **□** | In the event that IEP changes are needed due to the extended school closure to address parent concerns noted above or otherwise shared, or to enable the provision of FAPE during Distance Learning for All, I do not agree that an IEP meeting is not necessary and request that the District contacts me at the below number. |
|  |  |  |  |  |  |
|  | Parent Signature |  | Date |  | Parent Phone Number |