**INDIVIDUALIZED REMOTE LEARNING PLAN**

**Date Implemented:**

*This document is designed to clarify instruction that is occurring remotely during the public health emergency.*

**STUDENT INFO:**

|  |  |
| --- | --- |
| **Student Name** |  |
| **Case Manager** |  |
| **Related Service Providers** |  |
| **Main contact person if parent has questions** |  |

**COMMUNICATION PLAN:**

|  |  |
| --- | --- |
| **Team Member** | **Remote Only** |
| **Case Manager** |  |
| **Speech** |  |
| **Occupational Therapy** |  |
| **Social Work** |  |
| **Parent:** |  |
| **Other:** |  |

**\*\*\*** (note with whom you are communicating - parent/guardian/student/both/etc.)**:**

**SERVICES:**

|  |  |  |
| --- | --- | --- |
| **GOALS** | **SDI****Remote Only** | **HOW LEARNING IS VERIFIED**  |
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**TOTAL SDI:**

|  |  |
| --- | --- |
| **GOAL AREA** | **Remote Only** |
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