



**GOOD FAITH
CONTINGENCY LEARNING PLAN
for Instructional Access and Delivery of FAPE
During the Emergency School Closure**

Student Name:	Plan Date:
Date of Birth:	Grade:
School/District:	

The following individuals provided input into the development of this plan:

Student:	District Representative:
Parent:	General Education Teacher:
Parent:	Special Education Teacher or Provider:
Other:	Other:

NOTE: *The parent is an integral team member when planning to address the needs of a student with a disability. If the parent did not contribute input when developing this plan, document multiple efforts to obtain parent participation.*

The following items were reviewed to inform decision-making about the student's individual needs during the emergency school closure:

- The educational services that are being provided to the general student population as described in the Continuity of Learning Plan developed by the District pursuant to Section II of Executive Order 2020-35.
- The student's current IEP and progress, including goals/objectives, programs, related services, and supplementary aids/services.
- The unique circumstances of this student/family as a result of the mandated school closure related to the emergency school closure.

1. Do the learning opportunities provided for the general student population under the Continuity of Learning Plan require the use of specific technology (phone, computer, internet, email, Skype, Google Hangout, Zoom, etc.)?

No.

Yes, and the parent has indicated that this student already has all the technology necessary to access the learning opportunities being provided for all students.

Yes, but the parent indicates that this student does not have access to all the necessary technology. Describe the technology/support or alternative means of delivery that the district will provide to ensure equal access to the learning opportunities being provided to all students:

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2. Does this student require any other accommodations/modifications or supplementary aids/services to meaningfully access the learning opportunities that are being provided under the district's Continuity of Learning Plan, including participation in any nonacademic/extracurricular activities? This may include significantly modified or alternative activities for students who participate very little in general education.

No

Yes. Describe the accommodations/modifications or supplementary aids/services that are necessary to ensure equal access to the types of learning opportunities being provided during the closure:

Accommodation/modification or supplementary aid/service to be provided:	Amount of time/frequency or circumstances	Location or Mode of Delivery	Start date

3. Describe any other programs/services or supports this student needs to continue to be involved and progress in the general curriculum as defined by the district's Continuity of Learning Plan:

Program/service/support to be provided:	Amount of time/frequency or circumstances	Location or Mode of Delivery	Start date

4. Describe the programs/services or supports this student needs in order continue to progress toward IEP goals/objectives to the extent practicable during the emergency school closure:

Program/service/support to be provided:	Amount of time/frequency or circumstances	Location or Mode of Delivery	Start date

5. Describe any other unique circumstances that influenced the development of this Contingency Learning Plan:

The accommodations/modifications, supplementary aids/services, and programs/services/supports described in the preceding sections will continue until normal school operations resume, at which point the District will continue the IEP in effect when this Plan was created, unless the District conducts an IEP and offers FAPE after the date of this Plan. This Plan may be reviewed/revised as circumstances change and/or upon the request of the parent/guardian, the student if of the age of majority, or school personnel.

Describe any other options that were considered in developing this Contingency Learning Plan but were not selected. Explain the basis for not selecting the option.

Option considered but not selected:	Basis for not selecting the option:

**PRIOR WRITTEN NOTICE OF A
GOOD FAITH CONTINGENCY LEARNING PLAN
FOR INSTRUCTIONAL ACCESS AND DELIVERY OF FAPE
DURING THE EMERGENCY SCHOOL CLOSURE:**

The school district hereby provides notice of its intent to implement the Plan described above, beginning on (date): _____.

The Procedural Safeguards Notice that you have received previously describes protections under the Individuals with Disabilities Education Act (IDEA). The following sources are available to help you understand your rights:

- MICHIGAN ALLIANCE FOR FAMILIES, 1819 South Wagner Road, PO Box 1406, Ann Arbor, MI 49106; 1-800-552-4821; www.michiganallianceforfamilies.org
- MICHIGAN DEPARTMENT OF EDUCATION, OFFICE OF SPECIAL EDUCATION AND EARLY INTERVENTION SERVICES, PO Box 30008, Lansing, MI 48909; 1-517-373-0923; www.michigan.gov/mde
- MICHIGAN PROTECTION AND ADVOCACY, 4095 Legacy Parkway, Suite 500, Lansing, MI 48911-4263; 1-800-288-5923; www.mpas.org

A copy of this notice/plan is being provided to the parent by (name/title):	
On (date):	
Mode of Delivery:	