This document summarizes key points from guidance documents released by the U.S. Department of Education (USDOE) and a webinar presented by Laurie VanderPloeg, Director of the Office of Special Education Programs at the USDOE. The selected points below are not exhaustive but those most salient to school psychology practice. For more details, please review the documents linked above. If you have specific questions about how the guidance issued in these documents could apply to your unique situation or individual cases, please consult with your local special administrator or your state department of education. If/when more guidance is released, we will share that with you.

Local educational agencies (LEAs) and early intervention service (EIS) programs must collaborate with their state educational agencies (SEAs), the Bureau of Indian Education (BIE), or local public health department as appropriate about how, what, and when services should be provided to infants, toddlers, and children with disabilities.

My schools are closed. Are we responsible for implementing IEPs/IFSPs and providing services during a school closure?

- If an LEA closes due to COVID-19, and educational services are not being provided to the general student population, then the LEA is not required to provide special education services during that same period of time. The IEP or 504 team would make an individualized determination about providing compensatory services based on applicable standards and requirements.
- If an LEA continues to provide educational opportunities to the general student population during a school closure, students with disabilities must have access to the same opportunities. To the greatest extent possible, each student with a disability should be provided the special education services in their IEP or 504.
- Part C services would not need to be provided to infants and toddlers with disabilities if the offices of the state lead agency, and EIS program or provider are closed.

What are our obligations if a student with a disability is absent due to COVID-19 infection?

- If schools are open and a child with a disability is absent due to COVID-19 infection for an extended period of time (generally more than 10 days), the LEA must provide special education services and related services to the child.
  - The IEP team must determine if the child is available for instruction and could benefit from homebound services such as online or virtual instruction, instructional telephone calls, and other curriculum-based activities and related services to the extent available.
  - School personnel should follow appropriate health guidelines to assess and address risk of transmission.
  - If the child does not receive services for an extended period of time, the school must make an individualized decision on compensatory services, including services to make up skills that may have been lost.

What are some situations when alternate forms of instruction and/or distance learning plans should be considered?
• If a public school for students with disabilities is closed solely because the students are at high risk of illness, the LEA must determine whether each dismissed student could benefit from alternate forms of instruction (online, virtual, phone calls, etc.) to the extent available.
  ▪ School personnel should follow appropriate health guidelines to assess and address risk of transmission.
  ▪ If the student does not receive services due to closure, the IEP or 504 team must make an individualized decision on compensatory services, including services to make up skills that may have been lost.
• IEP teams may—but are not required to—consider a distance learning plan in an individual student’s IEP in the event of COVID-19 related school closures.
  ▪ This could involve provision of special education and related services at an alternate location, in the student’s home, via online or virtual instruction, through instructional telephone calls, and via other curriculum-based activities to the extent possible and available.
    o If online learning and instruction is being offered to the general education population, then schools need to consider the appropriate technology needed to ensure students with disabilities can access the instruction or consider alternate ways to provide instruction in the absence of available technology.
    o Staff need to document the types of IEP services that were provided in alternate settings (e.g., telehealth) as well as the IEP services that were not able to be delivered so the data can be used to determine the need for compensatory services.

How should IEP meetings and special education evaluations be conducted during long-term school closures due to COVID-19?
• Local agencies are encouraged to work with parents to reach mutually agreeable extensions of timelines, as appropriate.
• Evaluations that require in-person testing or observations may be postponed until school reopens. If the evaluation or reevaluation does not require in-person testing or observation, it may be completed while school is closed, with parent consent. (See page 3, https://www2.ed.gov/about/offices/list/ocr/docs/ocr-coronavirus-fact-sheet.pdf)
• IEP teams are not required to meet in person while schools are closed. LEAs and parents are encouraged to think creatively about how to conduct video or teleconference IEP meetings while schools are closed.
• Typically, IFSPs must be completed within 45 days of the lead agency receiving a referral. However, the timeline may not apply if the family is unavailable due to “exceptional family circumstances that are documented”; the COVID-19 pandemic could be considered an exceptional family circumstance.
• Initial evaluations must be completed within 60 days (or alternate state-established timeline) of parental consent. There are no specific timelines for when an eligibility determination must be made; however, an IEP must be developed in accordance with IDEA.
• When appropriate, reevaluations may be conducted through a review of existing evaluation data, and this review can occur without a meeting and without parental consent, unless it is determined additional assessments are needed.

Despite the guidance from the USDOE, specific decisions may vary by state, district, and individual IEP teams. It is important that we collectively work to protect the rights of students with disabilities and ensure they are accessing FAPE while also balancing the health and safety of school staff and students.

For technical assistance regarding IDEA, including best practices and alternate models for providing special education and related services, including through distance instruction, the USDOE encourages you to reach out to one of two centers. For questions pertaining to Part C of IDEA, states should contact the Early Childhood Technical Assistance Center at ectacenter.org. For Part B of IDEA, states should contact the National Center for Systemic Improvement at ncsi.wested.org.
We encourage you to work with your state associations, in partnership with your state departments of education, and with other allied stakeholders to share your concerns and solutions for effectively meeting the needs of students while also adhering to public health guidance. Below are some links that may be useful.

- National Association of State Directors of Special Education (NASDSE) [http://nasdse.org/](http://nasdse.org/)
- Council of Administrators of Special Education [https://www.casecec.org/](https://www.casecec.org/)

Locate your state special education administration association at [https://www.casecec.org/state-and-provincial-units](https://www.casecec.org/state-and-provincial-units)

For more information and guidance related to COVID-19, visit, [www.nasponline.org/COVID-19](http://www.nasponline.org/COVID-19)