**INDIVIDUALIZED REMOTE LEARNING PLAN**

**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 IN Remote Only** |
| **Math:**  |  |  |
|
|
| **Reading:**  |  |  |
| **Writing:** |  |  |
| **Speech/Language:** |  |  |
| **Social Work:**  |  |  |
| **Occupational Therapy:** |  |  |
| **Behavior:** |  |  |
|  |  |  |

**TOTAL SDI:**

|  |  |
| --- | --- |
| **GOAL AREA** | **Remote Only** |
| MATH |  |
| READING |  |
| SL |  |
| SW |  |
| OT |  |
| BEHAVIOR |  |