SAMPLE LETTER: SOLICIT PARENT INPUT RE: COVID-19 RECOVERY SERVICES

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Dear Parents,

We hope you are all safe and happy, and we are glad to be back in school.

As you are aware, in March 2020, Governor Ducey and Superintendent Hoffman closed Arizona schools for the remainder of the 2019-2020 school year. During the closure, the District made every effort to continue to provide educational opportunities to its students. The District continued to provide special education and related services to its students in compliance with students’ IEPs and Section 504 plans to ensure equal access to the educational opportunities offered to all students, as well as ensuring students received a Free and Appropriate Public Education (FAPE).

Despite our best efforts, __________ recognizes that there may be students who were not able to access some or all of their education or could not otherwise access their FAPE during the period of school closure. The District is making an individualized determination about whether COVID-19 recovery services is owed to each special education student due to the school closure. In making this determination, the District will consider a variety of factors, including: services provided during the period of school closure; ability of the student to access any services provided; regression in skills; progress or lack of progress made on IEP goals; and parental input.

Parental input is a critical component of this determination, so we are requesting that you complete the information below and return it to your child’s case manager as soon as possible.

Sincerely,

Legal Disclaimer: These materials have been prepared for general informational purposes only and are not intended as legal advice or a substitute for such advice. Districts should consult their school attorney for answers to specific questions on these issues.
Student Name:


Please describe how your child was able to access special education services during the school closure:


Did you have any concerns related to the provision of services for your child during the school closure? If so, please describe:


Do you have any concerns related to your child’s progress generally or on goals during the school closure? If so, please describe:


Please select all boxes that apply:

☐ I do not feel that my child will need COVID-19 recovery services.
☐ Although my child may be eligible for COVID-19 recovery services, I am declining those services at this time
☐ I believe my child requires COVID-19 recovery services. The best time for this to be given will be:
  ☐ After school
  ☐ Before school
  ☐ October Break
  ☐ Spring Break
  ☐ Summer of 2021

If you believe your child requires COVID-19 recovery services, which areas do you believe should be addressed?

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If you believe that your child requires COVID-19 recovery services, please provide an input regarding COVID-19 recovery services you feel will be helpful:

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If you would like to schedule a phone call with your child’s case manager or an IEP meeting, please contact [INSERT].