

EFFORTS MADE TO SERVE THE STUDENT

Date: _____

Emails/Texts/Other Messaging Applications

From	Type	Notes:
<input type="checkbox"/> Teacher _____ <input type="checkbox"/> SLP <input type="checkbox"/> OT <input type="checkbox"/> Other: _____	<input type="checkbox"/> Check-In <input type="checkbox"/> Lesson Plan/Assignment <input type="checkbox"/> Coordinate Activity/meeting <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Teacher _____ <input type="checkbox"/> SLP <input type="checkbox"/> OT <input type="checkbox"/> Other: _____	<input type="checkbox"/> Check-In <input type="checkbox"/> Lesson Plan/Assignment <input type="checkbox"/> Coordinate Activity/meeting <input type="checkbox"/> Other: _____	
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Online Learning/Instruction

Office Hours	Start Time	End Time	Purpose Used/What was Discussed
• Available			
• Attended			
Was it helpful? <input type="checkbox"/> yes <input type="checkbox"/> no		Why/Why Not?	

Classroom	Start Time	End Time	What was Taught
• Available			
• Attended			
Was it helpful? <input type="checkbox"/> yes <input type="checkbox"/> no		Why/Why Not?	

What kept your child from fully engaging or learning? (attentional difficulties, cognitive deficits, etc.)

Alternative Means of providing instruction or services

- Suggested by: District Parent
- Delivered by: District Parent
- Description: _____
- Was it: Less effective More effective No Difference

Other Pertinent Information:

Template Developed by The BREN Clinic

Disclaimer: The information provided does not, and is not intended to, constitute legal advice; instead, all information, content, and materials are for general informational purposes only.