**BASIS FOR THE PROPOSED ACTION**

In reviewing your child’s circumstances and progress, the team considered the following evaluation procedure(s), assessment(s), record(s), and/or report(s) as a basis for the proposed action *(add rows as needed)*:

| **Item** | **Description** |
| --- | --- |
|  |  |

**ACTION BEING PROPOSED**

Based on that review, the team is recommending the following:

[ ]  The student receive Individualized COVID-19 Recovery Services as follows *(add rows as needed)*:

| **Service** | **Initiation** | **Duration** | **Frequency** | **Location** | **Provider** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

[ ]  The student does not need Individualized COVID-19 Recovery Services. If the student’s needs change, the IEP team can

meet to reconsider Individualized COVID-19 Recovery Services.

[ ]  Other. Describe:

|  |
| --- |

Describe why the team is making this recommendation:

|  |
| --- |

Describe other factors, if any, relevant to the proposed action:

[ ]  This meeting was facilitated by a neutral ODE-sponsored meeting facilitator.

[ ]  Other *(describe)*:

|  |
| --- |

**OTHER OPTIONS CONSIDERED BY THE IEP TEAM** *(add rows as needed)*

| **Description of Other Options Considered** | **Reason(s) This Option was Rejected** |
| --- | --- |
|  |  |

**PARENT REVIEW OF PROPOSAL**

***Agreement / Disagreement with Individualized COVID-19 Recovery Services Decision*** *(parent/adult student completes)*

[ ]  I have reviewed this proposal and **agree** that it provides appropriate services for my child based on their current needs.

[ ]  I have reviewed this proposal and **do not agree** that it provides appropriate Individualized COVID-19 Recovery Services for

my child based on their current needs.

[ ]  I am asking that IEP team convene with a neutral facilitator to conduct a Facilitated IEP meeting. I understand that the

district will notify the Oregon Department of Education to make the request if they agree to a Facilitated IEP meeting.

***Services Occurring Outside of School Day***

| ***This box to be completed by school personnel.***[ ]  The IEP team has recommended Individualized COVID-19 Recovery Services to be provided outside of the standard instructional day and needs to seek parent agreement with that recommendation.[ ]  The IEP team has **not** recommended Individualized COVID-19 Recovery Services to be provided outside of the standard instructional day. The following section (*Acceptance / Non-Acceptance of Agreed Upon Services Occurring Outside of School Day*) does not apply. |
| --- |

***Acceptance / Non-Acceptance of Services Occurring Outside of School Day*** *(parent/adult student completes)*

[ ]  I **accept** the services offered outside of the standard instructional day.

[ ]  I **do not accept** the services offered outside of the standard instructional day.

[ ]  Other. Describe *(attach additional pages as needed)*:

|  |
| --- |

***Receipt and Understanding of Procedural Safeguards*** *(parent/adult student completes)*

[ ]  I have received a copy of my Procedural Safeguards. I understand the rights they provide to me/my child.

[ ]  I have received a copy of my Procedural Safeguards. I do not understand the rights they provide to me/my child.

[ ]  I have not received a copy of my Procedural Safeguards.

**Parent Signature** **Date**

Documentation of attempts to obtain response:

1. Date Sent/Method Used:

2. Date Sent/Method Used: