



Log for Services During Extended COVID19 School Closures

This log is intended to help you keep track of information you may need in order to advocate for compensatory educational services for your child based on services not being provided during the school closures. You should track this data daily or weekly, depending on what works best for you.

Name of Child: _____

Date(s) of Service: _____

1. What services were offered today?

- Math
- Reading/Language Arts
- Writing
- Science
- Social Studies/Civics
- Speech/Language
- Counseling/Mental Health Services
- Occupational Therapy
- Physical Therapy
- Other: _____

2. How was the work provided?

- Worksheets
- Phone Call(s)
- Video/Audio Recordings
- Live Video
- Other: _____

3. Was your child able to access these educational services?

- Yes, and my child was able to complete the work
- Yes, but my child did not complete the work
- No, my child was unable to complete the work because of technical issues
- No, my child was unable to complete the work due to a lack of understanding the instructions or the content

4. Were you and/or you child contacted by anyone from the school or district?

- Yes, we were contacted by my child's teacher
- Yes, we were contacted by an administrator (principal, special education director, etc.)
- Yes, we were contacted by another service provider (Speech Therapist, OT, PT, etc.)
- No, we were not contacted today

5. **If you answered “yes” to question #4, what was the nature of the contact with the school or district?** (examples: conversation between student and teacher, discuss provision of OT services, explain assignment to parent so they could provide assistance, etc.)

6. **Were any IEP/504 services/accommodations provided?** (that are not already mentioned above)

- Yes
- No

7. **If you answered “yes” to question #6, please explain the services/accommodations that were provided (please be sure to include length of time for each service that was provided):**

8. **Have you seen any behavioral/emotional/social challenges?**

- Physical aggression
- Verbal aggression
- Property destruction
- Anxiety
- Stomach pain
- Elopement
- Issues related to sleep
- Refusing to complete schoolwork
- Lack of Motivation
- Lack of Concentration/Focus
- Disorganized
- Disconnected
- Other: _____
- N/A

9. **If you selected any behavioral/emotional/social challenges, please explain in further detail:**

10. **Any other issues or concerns?** _____
