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Commissioner

MEMORANDUM

To: Superintendents, Charter School Leaders, Assistant Superintendents, Special Education Directors, Collaborative Leaders, and Leaders of Special Education Schools

From: Russell Johnston, Senior Associate Commissioner and State Director of Special Education

Date: June 7, 2020

Subject: Guidance on Summer 2020 Special Education Services

Introduction

This memo supplements the [Initial Summer School Re-Opening Guidance](#) (*download*) that Commissioner Riley sent on June 4, 2020. As noted on page 3 of that memo,

- It is possible that remote learning will continue to be the most feasible and safest option for many districts and schools this summer.
- Certain student groups should be prioritized for instructional programs that will maximize student learning, including in-person instruction where possible:
 - Students with disabilities
 - Students who have been off track or only intermittently engaged
 - Vulnerable students

This guidance addresses the first priority: students with disabilities, specifically those who receive summer services as a provision of their Individualized Education Programs (IEPs). These students' IEPs may call for Extended School Year (ESY) services, summer programs, or, in the case of some students attending education collaboratives or approved special education schools, year-round services. As was the case during the final months of the 2019-20 school year, special education services will look different this summer, since the health and safety of students, parents/guardians, and school personnel remain the top priorities. Schools will not be able to provide summer services in the same manner they typically do. However, all students will have access to the services described in their IEPs, whether remotely for most students¹ or in-person on a limited basis for high-priority students (more information is provided below on determining high-priority students).

Schools and districts should employ their best efforts to provide as many in-person services to high-priority students this summer as is feasible while following proper health and safety

¹ See Appendix A for information regarding two models of remote service delivery.

precautions. All other students who are eligible for summer services will continue to receive those services remotely. This approach means that schools and districts will be able to focus their efforts on providing in-person instruction to high-priority students while also maintaining the continuity of learning for others. Given the variables associated with the spread of the COVID-19 virus, the Department of Elementary and Secondary Education (Department or DESE) acknowledges the challenges schools and districts will face in implementing these requirements and any additional federal and state mandates. Schools and districts that are unable to implement these requirements for in-person instruction for high-priority students must continue to provide remote services for those students.

The Department has collaborated with other state agencies to help districts and schools set priorities for in-person instruction this summer. Through collaboration with our partners in public health, we are providing specific health and safety protocols for delivering in-person services to high-priority students with disabilities. These health and safety guidelines apply to in-person special education services for the summer only and will be revisited for the start of the new school year.

Health and safety protocols

This document puts forth specific health and safety requirements that must be implemented in order to provide in-person instruction to high-priority students with disabilities and supplements the general DESE summer guidance in order to address situations when students with disabilities may require close physical contact. All safety requirements, including training, cleaning and disinfecting procedures, and all necessary protective equipment must be put in place in order to hold in-person summer special education services. The Department also recommends that schools and districts continue to follow the Centers for Disease Control and Prevention (CDC) guidance regarding social distancing and specific considerations regarding schools. **All staff and students must wear face coverings or masks at all times, with the exception of those for whom it is not safe to do so due to age, medical condition, disability impact, or other health or safety considerations.** Some high-priority students with disabilities require 1:1 support, and need assistance from staff with feeding, washing, dressing, academic readiness, sitting at a desk, manipulating academic materials, using communication devices, etc. In order to reduce the risk of contracting or spreading COVID-19, it is important to minimize close contact to the extent possible; however, when it is not possible, the use of protective equipment is required. Students with suspected or confirmed COVID-19 should not go to school; those who develop symptoms at school must be sent home immediately.

It is critical that student learning takes place in a safe environment, and it is also important that students, families, and staff *feel* safe. Clear ongoing communication between schools and families prior to, during, and after the implementation of these requirements is essential. The Department recognizes that some families of high-priority students with disabilities will have concerns about the health and safety of their children and may choose not to have them participate in in-person learning. In these situations, remote learning must continue.

Alternately, it may be more practical to offer in-person services in a student's home with the consent of the students' parent/guardian rather than in a school building during this period.

Doing so might alleviate some of the cleaning, transportation, and facilities issues associated with in-person instruction. As with any difference in the way special education services are delivered during this pandemic, schools and districts should engage with families before deciding to offer in-home services and then provide written notification regarding this form of service delivery.

In order to provide in-person instruction over the summer, the following steps **must** be taken, and the guidance that follows below is organized into these five categories:

1. Identify high-priority students most at need for in-person summer services and communicate with families.
2. Identify, hire, and onboard appropriate staff (referred to as direct service providers (DSPs) throughout this document).
3. Identify and purchase necessary protective equipment.
4. Develop situation-specific protocols as indicated in this document and in the additional resources provided. Modify any existing health and safety plans and/or school protocols as needed due to COVID-19.
5. Develop a training plan that includes identification of the staff needing to be trained, procurement of resources and trainers, and a system to confirm all necessary training is completed prior to in-person instruction.

Once these steps have been taken, in-person instruction, including in-home services, should begin for high-priority students in a modified or limited way. In-person services might include individual or small group instruction or therapies. Some students who are receiving in-person services might still require some remote services. Remote services for such students should remain in place until in-person learning commences. If the required staffing, protective equipment, safety protocols, and training cannot be established during the summer, the school or district must continue to provide services to the high-priority students remotely. Previous guidance regarding the implementation of remote learning services remains in effect (see Appendix A). As with special education services that were delivered remotely at the end of the 2019-20 school year, parents must receive written notification describing how Extended School Year, approved summer programs, or year-round services will be provided, if different than described in the student's IEP.

Part I: Identification of High-Priority Students for In-Person Summer Services

The Department recognizes that not all students with disabilities will be able to be served in person this summer; however, it is expected that schools and districts will prioritize the most vulnerable students. In order to do so, schools and districts should consider the nature of the disability and the barrier it imposes on a student's ability to access remote learning. Specifically, of the students whose IEPs call for Extended School Year services, summer programs, or year-round services, the following students should be prioritized for possible in-person summer 2020

services:

- Students with the most significant disabilities who have demonstrated substantial regression during remote learning;
- Students who receive multiple services during the summer – such as applied behavior analysis; speech, occupational, and/or physical therapies; and academic instruction – so that at least some of those services can be offered in person; and
- Students who will need more time to learn new procedures and protocols to increase their successful reentry to school in the fall.

Students not included in these categories would continue to receive services remotely. In particular, students who receive a limited number of services (such as tutoring, related services, or academic services only) would participate in summer services remotely.

Part II: Staffing, Direct Service Providers, and Grouping Requirements

Program administrators must ensure that there are adequate levels of staffing available to effectively and safely deliver and support in-person programming for the number and needs of students who will be in attendance. For programs serving students with disabilities, instructional grouping requirements and maximum class sizes are governed by Massachusetts special education regulations ([603 CMR 28.06 \(6\) and \(7\)](#)) and by the goals and methods in each child's IEP. In the case of DESE-approved special education day and residential school programs, the student-to-licensed-educator and/or aide ratios approved by DESE must be implemented. If an approved special education school is not able to maintain their approved ratios, they should contact their [school's assigned liaison](#), who will be able to assist. Group sizes must be restricted to a maximum of 10 students, with a maximum of 12 individuals including students and staff in each room. Rooms must also be large enough to include at least 6 feet of distance between all students and staff. The program administrator should ensure that classes are appropriately spaced throughout the school building, allowing for adequate social distancing but also allowing for additional staff support in the event students require behavioral interventions or supports. Students with disabilities must never be left alone in a classroom without the presence of an appropriately trained staff member.

The CDC recommends that guidance for healthcare providers be followed for [direct service providers](#). Direct service providers include personal care attendants, direct support professionals, paraprofessionals, therapists, related services personnel, assistants, school nurses, health office staff, and any other staff who must come into close contact (6 feet or closer) with students with disabilities.

Direct service providers are essential for the health and well-being of the students they serve. Direct service providers should be aware of and trained on how COVID-19 spreads, risk factors, and prevention actions. When working with students without suspected or confirmed COVID-19, the CDC recommends following [everyday prevention actions](#), such as cloth face coverings, wearing gloves, washing hands frequently, and cleaning and disinfecting surfaces. Regardless of

COVID-19 status, additional preventive measures may need to be taken depending on the activity and the risk level of that activity. See below for protective equipment requirements.

Part III: Protective Equipment

Prior to resuming in-person instruction, schools and districts must purchase and procure the appropriate protective equipment to meet the health and safety needs of students and staff. Schools and districts must provide appropriate protective equipment to all direct service providers, as outlined in the chart below. [Guidance for the proper use of protective equipment](#), as outlined by the CDC, should be followed. For additional information regarding specific descriptions of particular pieces of protective equipment, please consult [Occupational Safety and Health Administration \(OSHA\) guidelines](#). It is recommended that direct service providers at a minimum follow [OSHA guidance](#) for “Jobs Classified at Medium Exposure Risk.” **All staff and students must wear face coverings, with the exception of individuals for whom it is not safe to do so due to age, medical condition, or other health or safety considerations. Staff should wear appropriate protective equipment based on the specific interactions they are having with students (e.g., instruction, behavior support, activities of daily living, etc.). Please note that DESE provided [guidance on the provisioning of key safety supplies](#) on June 5, 2020 in order to help schools and districts determine the quantities of the protective equipment described below.**

Protective Equipment Recommendations for Direct Service Providers (DSPs)

<i>Classification of Individual Wearing protective equipment</i>	<i>N95 or KN95 Respirator</i>	<i>Face Shield</i>	<i>Disposable Gowns</i>	<i>Disposable Gloves</i>	<i>Gowns/Coveralls/Other Body Covering</i>	<i>Cloth Face Covering</i>	<i>Disposable mask</i>
DSPs in care areas of students with suspected COVID-19	X	X	X	X	X		X (with face shield if N95/KN95 not available)
DSPs in the same facility but not in the care areas for students with suspected COVID-19						X	
DSPs providing personal care to students without suspected COVID-19 but who may potentially be exposed to bodily fluids		X (preferred)		X			X
DSPs performing or present during aerosol generating procedures such as nebulizer treatments, chest PT, suctioning, trach care	X	X		X	X		
Transportation personnel/monitors who must come in direct physical contact with passengers (e.g. buckling/unbuckling, performing wheelchair safety services)				X		X	

Part IV: Situation-Specific Protocols

In order to protect the health and safety of students, staff, families, and community members, schools and districts should follow CDC recommendations in the following areas:

- Health and safety considerations, social distancing, and infection control practices (handwashing, face coverings, and gloves);
- Classroom, meal, and cleaning practices;
- Disinfecting practices;
- Health office practices, protective equipment, management and [isolation of students and/or staff](#) showing signs and [symptoms of illness](#).

In addition, the following guidance addresses situation-specific protocols that must be developed prior to providing in-person instruction:

Screening and Monitoring Protocols:

In circumstances in which maintenance of recommended social distancing (6 feet minimum) is not possible, the following recommendations should be implemented:

- Programs must ensure that there are adequate staff who are prepared and properly trained to accommodate students' health and safety needs in addition to their education.
- Staff must be prepared to provide hands-on assistance to students with disabilities for any circumstance that would require them to be within 6 feet from any student.
- To protect themselves, staff who care for students requiring hands-on assistance such as feeding, washing, dressing, physical prompting, helping students sit at a desk, manipulating academic materials, and prompting students to use a communication device, etc., should wear appropriate protective equipment based on the activity and risk level and wear long hair up or tied back during all activities requiring direct contact with a child.

Toileting Protocols:

- Staff must change students' clothing and their own clothing when soiled with secretions or body fluids. Students' soiled clothing must be bagged and sent home sealed in a plastic container or bag.
- Toileting and diapering areas (including tables, pails, countertops, toileting chairs, sinks/faucets, toilets, floors, etc.) must be cleaned and disinfected after each use.
 - **Note:** Cleaning and disinfecting are two separate tasks:
 - **Clean:** To physically remove dirt, debris, and sticky film by washing, wiping, and rinsing.
 - **Disinfect:** To kill nearly all of the germs on a hard, non-porous surface with a recommended chemical to remove bacteria.
- Disinfect when students are not in the area. Surfaces should be dry by the time students use the area.
- Toileting/diaper procedures (including extra COVID-19 steps) must be posted in the bathroom changing area.
 - Signage should be kept simple and in multiple languages if needed.

- Posting the multistep procedure may help direct service providers maintain the routine, which is designed to reduce contamination of surfaces.
- Train all staff on [proper removal of gloves, gowns, facial masks, and other protective equipment](#) and on handwashing before donning and after removing equipment in order to reduce contamination.
- To ensure the student’s safety, make the change more efficient, and reduce opportunities for contamination, assemble all necessary supplies before bringing the student to the changing area.
- To reduce contamination, wash the student’s hands after the toileting/diaper change.

Additional Resources:

- [Caring for Children in Group Settings During COVID-19](#)
- [Massachusetts Child and Youth Serving Programs Reopen Approach](#)

Physical Intervention and Restraint Protocols:

Physical Restraint and COVID-19: These guidelines are to be used in conjunction with Massachusetts regulations outlined in [603 CMR 46.00](#) and local procedures.

Direct service providers should be mindful that seeing staff putting on protective equipment or being approached by staff wearing protective equipment can create anxiety in students. Use a student-centered approach and offer reassurance throughout interactions.

- **Limiting Risk of Infection Prior to a Physical Restraint**
 - Plastic protective gowns that can be easily ripped or torn are not advised as they may become a hazard.
 - Ensure staff are wearing disposable gloves, disposable masks, face shields, and long sleeves to the maximum extent possible.
 - Only staff required for safely restraining a student should be involved; one additional staff member should monitor and address protective equipment needs for those staff who are involved in the restraint in the event that protective equipment needs to be altered or adjusted.
- **Limiting Risk of Infection During a Physical Restraint**
 - Keep hands clear of eyes, mouth, and nose of self and others.
 - First responders should be relieved as soon as possible if not wearing appropriate protective equipment.
 - Given the risk of COVID-19, it is even more important than usual to try to avoid long and extended restraints.
- **Limiting Risk of Infection After a Physical Restraint**
 - Remove and dispose of and/or clean protective equipment immediately in the manner that you were trained.
 - Avoid touching your face and limit contact with hard surfaces before immediately washing hands.

- To minimize exposure, it is recommended that staff have a change of clothes available in cases where their clothes become contaminated.
- Once all health and safety issues have been addressed, follow debriefing and reporting procedures for the restraint.

Additional Resources:

- [Clinical Guidance for NHS Scotland: Using Physical Restraint with Confirmed or Suspected COVID-19](#)
- [Resources for Implementing Trauma Informed Care](#)
- [Safety-Care® Standards and Recommendations Regarding Coronavirus Disease](#)
- [Crisis Prevention Institute: De-escalation Tips in Light of Coronavirus Anxiety](#)

Transportation Protocols:

In order to reduce the risk of transmitting COVID-19, districts should work collaboratively with families to determine their ability to transport their child(ren) to and from school. Parents of students for whom special transportation is provided for in their IEPs and who transport their student are eligible for reimbursement, according to [603 CMR 28.07\(6\)](#). In these cases, the student maintains the right to access transportation for a disability-related need at a future date. The IEP should not be amended, but the family should be notified in writing.

In cases where special transportation is provided for in the student’s IEP and the family is unable to transport their student in order to receive in-person summer services, school districts must coordinate and provide transportation for those students, including students in out-of-district placements. When doing so, districts and transportation providers should follow the guidance document issued by the Department of Early Education and Care on June 1, 2020 ([Massachusetts Child and Youth Serving Programs Reopen Approach: Minimum Requirements for Health and Safety](#)). The guidelines described below are drawn from that document and further applied to transporting students with disabilities.

- **Develop a Transportation Plan**

Schools and districts providing transportation must develop a written transportation plan following appropriate health and safety protocols. Additional requirements are as follows:

- [Social distancing and group size requirements](#) must be maintained to the extent possible while embarking, disembarking, and in transit.
- Because close seating on vehicles makes person-to-person transmission of respiratory viruses more likely, programs providing transportation to and from educational programs must maximize space between riders and follow requirements for wearing masks or face coverings.
- In cases where social distancing cannot be maintained (e.g., students who need to be buckled in, transferred in and out of wheelchairs, etc.), drivers and/or monitors should wear the appropriate protective equipment, as indicated in the chart above.

- **Communicate with Families**

Schools, districts, and/or transportation providers should provide clear, timely information to families to let them know what processes will be used to promote students' safety when they travel to and from school. To convey this information, schools should use multiple languages and multiple means of communication (e.g., mail, email, text messages, school website announcements, phone calls, etc.). In addition, DESE encourages schools and districts to institute a system to ensure that families can communicate transportation questions or concerns to the school.

Information provided to families regarding transportation may include:

- The conditions under which transportation will not be provided for students and why.
- How frequently buses and vans are cleaned and disinfected and types of products used.
- How infection control strategies will be implemented during transportation, including during boarding and disembarking.
- How physical distancing and hand hygiene practices, especially for students with disabilities who require significant assistance, will be maintained and implemented.
- How protective equipment for students, drivers, and bus monitors will be provided and used.
- How the transportation of sick, symptomatic, or exposed students will be addressed.

Additional Resource:

- [National Association for Pupil Transportation](#)

Part V: Education and Training

It is essential that staff training be provided before in-person instruction to students with disabilities can be conducted. In addition, it is equally important to educate and train students on health and safety considerations, as well as newly adopted routines and protocols. The following section provides guidance in these areas.

Training Plan

- Identify staff who will need to be trained and what that training should address.
- Determine who will provide the training and what materials will need to be procured for the training. Ensure trainers are qualified to conduct associated trainings and utilize resources from accredited organizations when possible.
- Develop a timeline for training needs including what trainings need to be conducted prior to the start of in-person instruction and what trainings need to be provided as ongoing support.
- Develop a system for monitoring staff completion of required trainings and identify staff responsible for ensuring all staff have met the training requirements prior to beginning in-person work.
- Consult current vendors and/or affiliated health and safety organizations to determine what resources are readily available.

- Consult with other districts, collaboratives, and approved special education schools to share resources related to training.
- Develop a mechanism for staff to communicate additional training needs.
- Determine what training, if any, may be needed for families of students with disabilities.

Staff Training

- Training must be provided by qualified professionals.
- Training must include all staff who have contact with students, including but not limited to educators, support and related services staff, administrators, clerical staff, custodial staff, and food service providers.
- Training for staff must include the following but should not be limited to:
 - Safe and effective use of protective equipment (putting on and taking off protective equipment and disposing and/or washing protective equipment);
 - General information related to COVID-19 from the CDC;
 - How COVID-19 is spread;
 - How to prevent the spread of COVID-19;
 - Symptoms of COVID-19; and
 - When to seek medical assistance for students or staff who exhibit symptoms or become sick.

Additional Resource:

- [COVID-19 Infection Prevention in Childcare Programs](#)

Education for Students on Safety Protocols

- Students should be provided with training through direct instruction and/or embedded content in lessons and activities, as developmentally appropriate.
- Training content must include general information related to COVID-19 from the CDC as well as content to ensure students are familiar with changes to their regular school practices, such as routines for entering and exiting the school, snacks/meals, assembling, passing in hallways, being transported via bus or van, and accessing the bathroom.
- Students must be explicitly trained on how to use protective equipment, as appropriate. Training should include how to put it on, take it off, dispose of it, and where it should be placed in instances where it needs to be cleaned by staff.
- Social stories, visual cues, and other appropriate developmental strategies should be used to reinforce these new concepts and protocols.

Guidance for Specific Populations

Parents/guardians should be encouraged to consult their child's health care provider to discuss the appropriateness of students with high risk medical conditions attending in-person instruction. These include students who depend on mechanical ventilation and children with tracheostomies. School health professionals should work with primary care providers to identify alternatives to nebulizer treatments in the school setting, such as metered dose inhalers (MDIs) with a spacer. A collaborative approach should be used to inform decision-making relative to how the student can safely access in-person instruction.

The following should be considered when working with students who are deaf or hard of hearing (DHH):

- Consider the needs of students who must be able to see the lips of the speaker.
- Purchase clear masks or shields for staff and students.
- Account for an interpreter in the classroom for deaf or hard of hearing students, and determine the logistics of social distancing.

Additional Resources

Topic	Description	Website
General Guidance for Re-Opening Schools	Interim Guidance for Administrators of K-12 Schools and Child Care Programs	https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-for-schools.html
	CDC decision tree for school re-entry	https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Schools-Decision-Tree.pdf
	CDC Considerations for Schools	https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html
	American Academy of Pediatrics: Returning to In-Person Education in Schools	https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/covid-19-planning-considerations-return-to-in-person-education-in-schools/
Cleaning/Disinfecting	Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes	https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html
	CDC cleaning/disinfecting decision tool	https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/ReOpening_America_Cleaning_Disinfection_Decision_Tool.pdf
	OSHA guidance on workplace preparation	https://www.osha.gov/Publications/OSHA3990.pdf
	MA EOHHS guidance	https://www.mass.gov/doc/comprehensive-personal-protective-equipment/download (download)
	CDC cleaning and disinfecting facilities	https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html
Training/Professional Development for Staff	CDC information on use of cloth face coverings	https://www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-coverings-information.pdf
	CDC using protective equipment	https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html
Educational Materials	MN Department of Health Teaching Hand Hygiene age-appropriate hand washing curriculum	https://www.health.state.mn.us/people/handhygiene/curricula/index.html
	CDC ASL Video Series: COVID-19	https://www.youtube.com/playlist?list=PLvrp9iOILTQatwnqm61jqFrfsUB4RK6J
	Feeling Sick: Coronavirus social story	https://www.autism.org/wp-content/uploads/2020/04/Feeling-Sick-COVID-19.pdf

Appendix A: Two Models of Remote Service Delivery

	1) Supports and Resources	2) Instruction and Services (Whole Class, Small Group, Individualized)
Goal	Establish systemic special education resources, supports and services to promote continuity of learning	Provide more direct services to students in whole class, small group, or individualized formats
Expectation	All schools and districts can implement this model of services	<ul style="list-style-type: none"> • All schools and districts can now implement aspects of this model by providing as many of these services as possible given the current circumstances • Schools and districts will make continual systemic improvements to increase the provision of services over time
Key Components	<p>Provision of strategies, assignments, projects, and packets to students</p> <ul style="list-style-type: none"> • General education materials with accommodations • Materials directly from special educators and related service providers • Consider making choices available to students <p>Provision of resources to families to keep students engaged in learning and movement</p> <ul style="list-style-type: none"> • YouTube channels or other streaming content • WGBH (online resources and television) • Apps to meet the needs of individual students <p>Regular, ongoing check-ins with families (phone, email, district-approved social media, etc.) are critical</p> <ul style="list-style-type: none"> • Use check-ins to discuss special education supports and services, prioritize learning needs, problem solve learning and behavioral issues at home, and customize the daily schedule for students • Help to overcome individual obstacles to accessing materials and resources • Scheduling times with families recommended • Set office hours or specific hours in the day parents can sign-up for ahead of time and touch base with a specific person at the school 	<p>Telephonic instruction and therapies</p> <ul style="list-style-type: none"> • Lessons with small groups or individuals • Phone calls for related services • Morning meeting with class via conference call <p>Telephonic or internet-based parent consultation</p> <ul style="list-style-type: none"> • A grid consultation service • Ongoing support during closure <p>Interactive Internet-based lessons</p> <ul style="list-style-type: none"> • Online virtual instruction with teacher and class • Pre-scheduled and announced to families • Frequency as appropriate given circumstances <p>Recorded lessons</p> <ul style="list-style-type: none"> • Teachers recording and then posting lessons for students • Allows students to still see their teachers • Step-by-step related services videos to assist caregivers in replicating at home

<p>Considerations</p>	<ul style="list-style-type: none"> • Consent not required • Privacy issues not triggered • Team approach recommended 	<p><u>Notice to Parents:</u> Districts need to provide notice to families regarding IEP services that will be provided to their children remotely</p> <ul style="list-style-type: none"> • Consent not required; notice is for services temporarily provided while students are out of school. • This does not change the IEP or impact “stay put” rights • Same requirements for all schools (public, charter, day, residential) <p><u>Privacy:</u> Schools and districts must ensure that online platforms are COPPA and PPRA compliant Inform parents of privacy-related issues with virtual learning options</p> <ul style="list-style-type: none"> • Educators to provide disclaimers at start of lessons re: appropriate online communication • Advise against recording or sharing of online or telephonic lessons/therapies, unless teacher is recording lesson to share with other students
<p>Documentation</p>	<ul style="list-style-type: none"> • Communication logs • Email records • Social media records 	<ul style="list-style-type: none"> • Clinical notes • Service logs • Communication logs • Email and social media archives