|  |  |  |  |
| --- | --- | --- | --- |
| **Potential Considerations (Not Exhaustive)** | **Yes** | **No** | **Data** |
| 3rd Quarter Progress |  |  |  |
| 4th Quarter Progress/Progress measurement after closure |  |  |  |
| Parent Input regarding impact of closure |  |  |  |
| IEP and related services provided |  |  |  |
| New or additional needs resulting from school closure |  |  |  |
| Student participation in educational activities during closure |  |  |  |
| Other staff/service provider input |  |  |  |
|  | Yes | No | Data |
| Is an offer of comp ed services necessary to place the student in the position they would have been in, had the closure not occurred? |  |  |  |

**NOTES:**