**Tracking Your Student’s Special Education Service Delivery Every Week**

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| **Date** | **How was your student taught?**  | **Who provided instruction and for how long?**  | **What subjects did the EC (Special Ed) teacher teach?** | **What other services did your student get?**  | **Did your student get their accommodations?**  | **Notes (e.g., what went well or didn’t go well?)**  |
| **Monday \_\_\_/\_\_\_/20** |  Online/Video (Google Classroom, ZOOM, etc.)  By phone  Work packets  Not at all  Other \_\_\_\_\_\_\_\_\_\_  |  EC Teacher     \_\_\_hrs \_\_\_min  Regular Ed Teacher     \_\_\_hrs \_\_\_min  No one  |  Reading  Writing  Math       Social/Emotional Other \_\_\_\_\_\_\_\_  None  |  Speech/Language  Occupational Therapy  Counseling  Other \_\_\_\_\_\_\_\_  None  |  All   Some  None  *If some, list:*  |    |
| **Tuesday \_\_\_/\_\_\_/20** |  Online/Video (Google Classroom, ZOOM, etc.)  By phone  Work packets  Not at all  Other \_\_\_\_\_\_\_\_\_\_  |  EC Teacher     \_\_\_hrs \_\_\_min  Regular Ed Teacher     \_\_\_hrs \_\_\_min  No one  |  Reading  Writing  Math       Social/Emotional Other \_\_\_\_\_\_\_\_  None  |  Speech/Language  Occupational Therapy  Counseling  Other \_\_\_\_\_\_\_\_  None  |  All   Some  None  *If some, list:*  |    |
| **Wednesday \_\_\_/\_\_\_/20** |  Online/Video (Google Classroom, ZOOM, etc.)  By phone  Work packets  Not at all  Other \_\_\_\_\_\_\_\_\_\_  |  EC Teacher     \_\_\_hrs \_\_\_min  Regular Ed Teacher     \_\_\_hrs \_\_\_min  No one  |  Reading  Writing  Math       Social/Emotional Other \_\_\_\_\_\_\_\_  None  |  Speech/Language  Occupational Therapy  Counseling  Other \_\_\_\_\_\_\_\_  None  |  All   Some  None  *If some, list:* |    |
| **Thursday \_\_\_/\_\_\_/20** |  Online/Video (Google Classroom, ZOOM, etc.)  By phone  Work packets  Not at all  Other \_\_\_\_\_\_\_\_\_\_  |  EC Teacher     \_\_\_hrs \_\_\_min  Regular Ed Teacher     \_\_\_hrs \_\_\_min  No one  |  Reading  Writing  Math       Social/Emotional Other \_\_\_\_\_\_\_\_  None  |  Speech/Language  Occupational Therapy  Counseling  Other \_\_\_\_\_\_\_\_  None  |  All   Some  None  *If some, list:*  |    |
| **Friday \_\_\_/\_\_\_/20** |  Online/Video (Google Classroom, ZOOM, etc.)  By phone  Work packets  Not at all  Other \_\_\_\_\_\_\_\_\_\_  |  EC Teacher     \_\_\_hrs \_\_\_min  Regular Ed Teacher     \_\_\_hrs \_\_\_min  No one  |  Reading  Writing  Math       Social/Emotional Other \_\_\_\_\_\_\_\_  None  |  Speech/Language  Occupational Therapy  Counseling  Other \_\_\_\_\_\_\_\_  None  |  All   Some  None  *If some, list:*  |   |