

Highlights of Return to School Roadmap: Development and Implementation of IEPs:

You can find the full Q&A guidance document from the US Education Department [here](#).

- Throughout the entire document, it is made abundantly clear that, regardless of the COVID-19 pandemic, or the mode of instruction, children with disabilities are entitled to a free and appropriate public education (FAPE), and infants and toddlers with disabilities and their families to appropriate IDEA Part C services.
- State educational agencies (SEAs) and local educational agencies (LEAs) should put in place layered prevention strategies, including promoting vaccination and universal and correct mask wearing in schools. The Centers for Disease Control and Prevention (CDC) recommends that everyone in K through 12 schools wear a mask indoors, including teachers, staff, students, and visitors, regardless of vaccination status.
- **Providing special education and related services during a change in service delivery (moving from in-person to virtual learning, etc.): (Pg. 6)**
  - IEP Teams can proactively create a contingency plan during a child's annual IEP Team meeting. This contingency plan would address the provision of services during virtual learning or hybrid instruction. It would include a description of a child's specific services, frequency, type, and duration. Developing a contingency plan before circumstances require a change in the service-delivery approach also gives the child's service providers and the child's parents an opportunity to reach agreement as to what circumstances would trigger the use of the child's contingency plan and the contingency services that would be provided.
  - LEAs may continue to hold IEP Team meetings virtually after school buildings reopen if the parent agrees to a virtual meeting or if continued COVID-19 prevention practices necessitate it.
- **Addressing the social, emotional, behavioral, and mental health needs of children with disabilities: (Pg. 15)**
  - During the COVID-19 pandemic, many children have been exposed to trauma, disruptions in learning, physical isolation, and disengagement from school and peers, negatively affecting their mental health.
  - The IEP Team may address the child's social, emotional, behavioral, or mental health needs, through special education and related services, supplementary aids and services provided to the child, and/or program modifications or supports for school personnel.
    - These services and supports may include counseling services for mental health needs (e.g., anxiety, depression, etc.), social skill instruction, explicit reinforcement of positive behavior, and explicit instruction in stress, anxiety, and depression management.
    - Supplementary aids and services may include consultation with a professional with expertise in behavioral interventions to create a positive behavioral

support plan, access to counselors, and access to targeted strategies supported by peer-reviewed research to support social, emotional, behavioral, or mental health needs (e.g., anxiety scaling, mindfulness exercises).

- **Protecting students with disabilities with underlying medical conditions: (Pg. 19)**

- Some children with disabilities have underlying medical conditions, such as genetic, neurologic, or metabolic conditions, or congenital heart disease, that place them at increased risk of severe illness if they contract COVID-19.
- Parents have raised questions about whether and how IEP Teams should consider school-related health or medical information for children with disabilities. **This is especially the case in States or local jurisdictions that have enacted State or local laws, rules, regulations, or policies that are inconsistent with CDC's COVID-19 prevention and risk reduction strategies.**
- If the IEP Team determines that COVID-19 prevention and risk reduction measures are necessary in order for a child with a disability to receive FAPE, the IEP Team must include these in the child's IEP. For example, the provision of FAPE in the LRE for some children with disabilities may require that the IEP address, and educational placement include, appropriate preventative and risk-reducing strategies, such as **wearing masks or other personal protective equipment, and sanitizing.**
- State or local laws, rules, regulations, or policies relating to IDEA and its regulations **must allow** IEP Teams and the group of knowledgeable persons making educational placement decisions to make individualized determinations under IDEA by ensuring that each eligible child with a disability has available FAPE in the LRE. **Therefore, State or local laws, rules, regulations, or policies that have the effect of improperly limiting the ability of the IEP Team to address the school-related health needs of a child with a disability, or the ability of the group of knowledgeable persons to propose an appropriate placement in the least restrictive environment for children with disabilities who have school related health needs, would be a violation of IDEA.**

- **Considering the need for compensatory services: (Pg. 24)**

- During the COVID-19 pandemic, some LEAs report having difficulty consistently providing the services determined necessary to meet the child's needs and address each of the goals in a child's IEP. As a result, some children may not have received appropriate services to allow them to make progress anticipated in their IEP goals.
- A child's IEP Team may determine that compensatory services are necessary to mitigate the impact of disruptions and delays in providing appropriate services to the child.
- Some examples of situations that might require consideration of whether, and what, compensatory services are necessary include:
  - (1) if the initial evaluation, eligibility determination, and identification, development and implementation of the IEP for an eligible child were delayed;
  - (2) if the special education and related services that were provided during the pandemic through virtual, hybrid, or in-person instruction were not appropriate to meet the child's needs;
  - (3) if some or all of the child's IEP could not be implemented using the methods of service delivery available during the pandemic (for example, if the physical therapy and behavioral intervention strategies included in the child's IEP could not be provided through virtual means); and

- (4) if meaningful services to facilitate the transition from secondary school to activities such as postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation were not provided due to the pandemic.
- **Considering secondary transition services: (Pg. 34)**
  - So long as a student who was slated to graduate from secondary school at the end of the 2019–2020 or 2020–2021 school year continues to participate in an educational program, including postsecondary education or another recognized educational program, that student would be able to continue receiving pre-employment transition services.
  - Under the unprecedented circumstances caused by the COVID-19 pandemic, many students with disabilities, including those who were slated to graduate at the end of the 2019–2020 or 2020–2021 school year, were participating in a variety of recognized educational programs, such as remote learning and home schooling. Participation in any of these educational programs would qualify for the receipt of pre-employment transition services.

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