



Recovery Services Documentation: COVID-19



Student Name: _____ Student ID: _____
 Meeting Date: _____ Meeting Time: _____
 Parent/Guardian: _____ Contact #: _____
 District/Charter: _____ School: _____
 IEP Team: _____

Describe the data & information used to determine type of services for this student:

Special Education and/or Related Service	Title of Professional Staff Responsible	Frequency of Special Education/Related Services			Location	Date	
		Per Day	Per Week	Per Month		Start	End
Total Amount of Time (minutes):							

Optional Statement of Service Delivery (describe how services will be provided to this student):

Specify the Annual Goals that will be addressed during implementation of this plan: