

**CONSENT TO DISTANCE LEARNING PLAN FOR IMPLEMENTATION ONLY
DURING SCHOOL CLOSURE DUE TO COVID-19**

FROM:

Parent/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail address: _____

TO:

School District Representative: _____

School District: _____

School District Street Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____ Fax number: _____

E-mail address: _____

RE:

Student Name: _____ Birthdate: _____

I agree only to implement the distance learning plan as described during the school closure due to COVID-19. I do not waive any of the terms of my child's individual education plan (IEP) dated _____ (pre-closure IEP).

I want my child's pre-closure IEP to restart when school reopens. My child needs all the goals, specialized instruction, and related services in their pre-closure IEP to receive a free appropriate public education (FAPE) during the school closure.

My limited consent to the distance learning plan is not a waiver of my child's right to FAPE. Also, I do not waive my child's right to compensatory education and/or additional extended school year (ESY) services they may be entitled to if the pre-closure IEP is not fully implemented.

Sincerely,

Signature: _____ Date: _____