Tracking Your Student's Special Education Service Delivery Every Week

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:*	