



Pre-Meeting Planning Checklist for Parents/Guardians/Education Decision Makers

The COVID-19 pandemic resulted in learning disruption for all students. Students with disabilities (Individual Education Plans (IEPs and 504 Plans) may be owed Covid Compensatory Services (CCS) if they did not receive the evaluations or services to which they were entitled during the pandemic period. Pittsburgh Public Schools has announced a new plan for Covid Compensatory Services, CCS 2.0, to address the impact of the pandemic on students with disabilities.

The first step in this plan is for your child's IEP or 504 Plan Team, which includes the parent or guardian, to meet to make individualized determinations regarding whether and to what extent your child is owed CCS for services not delivered or not received during virtual instruction, hybrid instruction, and/or continued Covid related disruptions during the return to in-person learning. This Pandemic Period covers Monday, March 16, 2020, through Thursday, June 16, 2022.

Frequently Asked Questions

What will happen at the meeting?

You, along with the other members of the IEP Team, will review, discuss, and document whether Covid Compensatory Services were previously provided and/or needed due to a loss or change in services during the Pandemic Period. The Team will consider factors including whether your child received the special education and related aids and services listed in their IEP or Section 504 plan in effect during the Pandemic Period, and whether the special education and/or related services were appropriate based on your child's individual needs.

Teams will also review and consider documentation, data, parent and teacher input, observations, evaluation data, present levels of performance, previous rate of progress, and frequency and duration of missed instruction. Parents and guardians are important members of IEP and 504 Teams and should share observations of their child's education during the Pandemic Period.

What if the team determines my child needs services?

If the Team determines that Covid Compensatory Services are owed, the IEP or 504 team will determine the type and amount of service owed, identify a reasonable time frame for the completion of the agreed upon compensatory services, and document this decision. If the Team determines no compensatory services are needed, the Team will document the reason for this decision. The Team will provide you with a Notice of Recommended Educational Placement (NOREP) and a copy of your Procedural Safeguards which explains your rights and the options.

What should families bring to the meeting?

Families can provide educational documentation that they may have collected during the Pandemic Period. Examples include calendars or logs kept regarding services provided or not provided, receipts

for costs of transportation if there were periods when the district was not able to provide transportation, other out of pocket expenses such as tutoring, and any data or examples you have on whether your child was able to meaningfully participate in their education (academic, social, emotional, and behavioral) during the Pandemic Period.

How will this checklist help?

Time has passed, your child’s teachers and goals have changed, and therefore your recollections will be valuable to the Team in the determination process for CCS. You can help guide the conversation by thinking through some of the scenarios listed below to give IEP and 504 Plan teams a list of concerns to address at the meeting.

During the pandemic, many students were not able to have in-person assessments for evaluations and reevaluations. Please check the appropriate box below.

	Yes	No	Unsure
An evaluation or reevaluation was not done within 60 days of you signing the permission to evaluate/reevaluate (with the exception of summer break.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the pandemic period, your child was due for a re-evaluation (every 2 years for students with Intellectual Disability and every 3 years for other students) and that re-evaluation was delayed due to the pandemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were told that assessments could not be done in person and so the evaluation or reevaluation only included a review of records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were told that the District could only do part of the evaluation (such as rating scales,) but they could not do other parts of the evaluation (such as IQ or Achievement testing, Functional Behavioral Assessment (FBA,) Occupational Therapy (OT,) Physical Therapy (PT,) Speech and Language, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did your child receive and were they able to access, all the special education services, related services, 504 Plan services, or accommodations that your child was entitled to during the pandemic?

Please check the appropriate boxes below for ANY services that were drastically altered, suspended, or ultimately not received.

	2019-2020	2020-2021	2021-2022
Type of Service:	Asynchronous Instruction -Paper/packet	Synchronous Instruction -Virtual/Hybrid	In Person Instruction
Learning Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autistic Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deaf and Hard of Hearing Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation & Mobility Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care Assistance (PCA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Para (Educational Assistant) support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Based Work Experience (CBVE) Internships, or Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modifications or Accommodations to assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accommodations to the learning environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with staying on task and completing assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Students may be owed CCS if they were not able to receive an appropriate education due to pandemic factors. Please check whether any of the situations below apply to your child:

	Yes	No	Unsure
Your child struggled to access their education during the spring of 2020 (paper and pencils packets or online assignments.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child was not able to meaningfully access or stay engaged with their education during virtual instruction (instruction, assignments, related services) without substantial support from a caregiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During remote instruction, the team suspended, drastically changed, or placed on hold goals, services, or accommodations that were written in an IEP or 504 Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child has not maintained or has lost skills that they had before the pandemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child has experienced new or worsened academic, emotional*, functional*, or behavioral challenges during the pandemic (for example anxiety, school or task refusal, depression, aggressive behavior, withdrawal.) *Teams should also consider changes that may be needed to be made to the existing IEP or 504 Plan, (i.e. the addition of psychological counseling.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You had out of pocket expenses for support or services to make up for loss of skills and or lack of progress during the pandemic period. For example - tutoring, learning hub, 1:1 aide, speech, physical, or occupational therapy, transportation to and from school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child failed a course during the Pandemic Period or teachers significantly reduced the requirements of the class for your child so they would pass.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Students may be owed CCS if they missed instruction due to other pandemic related factors. Please check if any of the situations below apply to your child.

	Yes	No	Unsure
Your child missed school due to quarantine due to Covid infection or exposure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school building was closed due to Covid mitigation or staffing absences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child missed instruction (general education or special education/related services) due to staff absences due to Covid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child did not have transportation to school due to a COVID exposure on the vehicle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child did not have consistent access to the internet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Student IS ELIGIBLE for Covid Compensatory Services:

Does my child need instruction to be delivered in a particular way or are there delivery methods that are inappropriate?

	I would like the team to consider this option, as it works for my child:	This option would not be appropriate, it does NOT work for my child:
In Person	<input type="checkbox"/>	<input type="checkbox"/>
Virtual	<input type="checkbox"/>	<input type="checkbox"/>
1:1 Instruction	<input type="checkbox"/>	<input type="checkbox"/>
Small group	<input type="checkbox"/>	<input type="checkbox"/>
Large Group	<input type="checkbox"/>	<input type="checkbox"/>

When will instruction or service be delivered? What times are appropriate for my child?

	I would like the team to consider this option, as it works for my child:	This option would not be appropriate, it does NOT work for my child:
During School	<input type="checkbox"/>	<input type="checkbox"/>
Before School	<input type="checkbox"/>	<input type="checkbox"/>
After School	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>
Weekends	<input type="checkbox"/>	<input type="checkbox"/>
Over Breaks	<input type="checkbox"/>	<input type="checkbox"/>
Over the Summer	<input type="checkbox"/>	<input type="checkbox"/>

Are additional services required in order for your child to benefit from compensatory services? If yes, please check the box(es) below.

Nursing Services	<input type="checkbox"/>	Paraprofessional Support	<input type="checkbox"/>
Personal Care Assistant (PCA) Services	<input type="checkbox"/>	Behavioral Support	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	Other:	<input type="checkbox"/>