



RS Adaptations for Blended and Remote Learning

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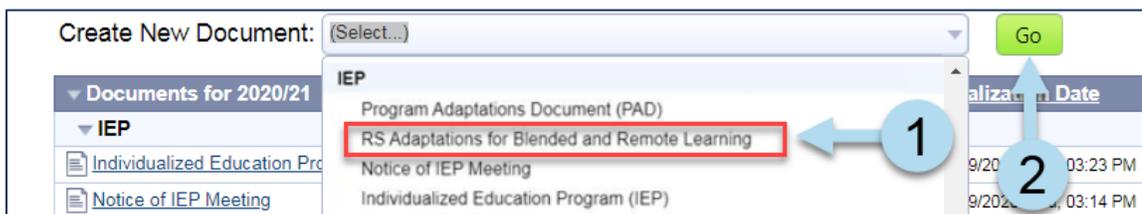
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Introduction

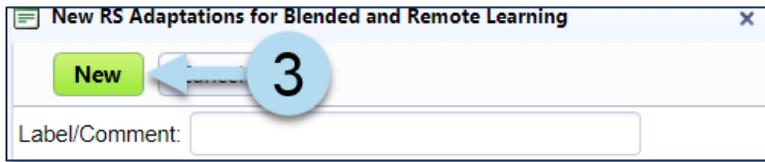
This training guide provides step-by-step instructions to complete the Related Service Adaptations for Blended and Remote Learning document (RAD) for students attending a DOE school (Districts 1-32 and 75) whose most recently finalized IEP or Comparable Service Plan (CSP) includes at least one related service recommendation. Following a conversation with the parent, this document will be completed by each related service provider for each related service recommended on the finalized IEP, and describes how the services will be provided, including any changes to frequency, duration and/or location of services agreed upon in conference with the parent to accommodate blended and/or remote learning. Students with multiple related service recommendations will have multiple RS Adaptations for Blended and Remote Learning documents, each completed by the respective provider(s).

Completing the RS Adaptations for Blended and Remote Learning

1. Navigate to the student's documents. From the *Create New Document* dropdown menu, select **RS Adaptations for Blended and Remote Learning**.
2. Click **Go**.



3. Enter a label/comment (optional) and click **New**.



The screenshot shows a window titled "New RS Adaptations for Blended and Remote Learning". Inside the window, there is a green button labeled "New" and a text input field labeled "Label/Comment:". A blue circle with the number "3" and an arrow points to the "New" button.

Note: If the parent's preferred spoken language is a language other than English, a red message is displayed at the top of the page.

 **To complete this section, fill out the form below and click save above.**

- The parent's preferred spoken language is Spanish; parent outreach and consultation must be conducted in that language. Please consult with your school's Language Access Coordinator (LAC) for assistance in arranging interpretation and document in the outreach notes below whether an interpreter was used. You may also visit the [Translation & Interpretation Unit's InfoHub](#) for additional guidance.
- The Date will be automatically populated with the date this document is finalized.

4. *Change Contact Information* is preselected to *Primary Contact* and can be changed to *Secondary Contact*, if necessary.
5. **Check the box** to select the related service being discussed with the parent. Check multiple boxes when applicable.

Conducting Parent Outreach

Input from the parent must be sought in developing the *RS Adaptations for Blended and Remote Learning*.

6. To document parental outreach attempt(s):
 - a. Enter **DATE/TIME**.
 - b. Enter **PHONE NUMBER**.
 - c. Check **Yes or No** to *Was the outreach successful?*
 - d. Enter **NOTES** related to the outreach attempt.
7. Click **lookup** to select the staff contact.

Date: ___/___/___

Dear Parent or Guardian of Mia Annual

Change Contact Information: Primary Contact ← 4

Select the IEP mandate(s) you will be providing to the student:

RELATED SERVICE	SERVICE DELIVERY RECOMMENDATION	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED
<input checked="" type="checkbox"/> ← 5 Speech-Language Therapy	Individual service Language of Service: Spanish	1 time(s) per week	30 minutes	Separate Location Therapy Office

Parent input must be sought in developing this document. You must make three outreach attempts on at least two days before completing this document without parent consultation. You may edit the document and save changes prior to completing outreach requirements, but you will not be able to finalize the document until the parent has been consulted or required outreach attempts have been recorded.

DATE/TIME	PHONE NUMBER	NOTES
6 1 st Outreach a	b	c Was the outreach successful? <input type="checkbox"/> Yes <input type="checkbox"/> No d

ELETEACH01 (Teach,Emma) (ID) ← 7

Note: You must make three parental outreach attempts on at least two days before completing this document without parent consultation. All outreach attempts must be conducted in the parent's preferred spoken language. If the parent's preferred spoken language is other than English, a note should be included in the *NOTES* textbox of the outreach field explaining how the parent's language needs were met. The user should indicate if the call was conducted in the parent's language, if an interpreter was used, or if the parent communicates comfortably in English.

When an outreach attempt is successful, a confirmation paragraph will populate, including the date of the most recent successful outreach attempt. Select your preferred contact method (phone or email) from the dropdown menu and enter the contact information in the text field:

DATE/TIME	PHONE NUMBER	NOTES
1 st Outreach	09/09/2020 9:00 AM 5555555555	Was the outreach successful? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No NOTES

As we discussed on September 9, 2020, I will be providing the IEP recommended service(s) listed below. This document describes how this service will be adapted for the learning environments available this fall. Please feel free to contact me if you have any questions or concerns. The best way to reach me is by phone at 718-555-5555. Please note that, except in the case of urgent matters, it may take me a day or two to get back to you as I am in therapy sessions with students for most of the day.

I look forward to partnering with you and working towards a successful school year!

If an outreach attempt is not successful, an additional row(s) will display to document additional outreach attempt(s):

DATE/TIME	PHONE NUMBER	NOTES
1 st Outreach	09/09/2020 9:00 AM 5555555555	Was the outreach successful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NOTES
2 nd Outreach		Was the outreach successful? <input type="checkbox"/> Yes <input type="checkbox"/> No

After three unsuccessful attempts, you have the option to log additional attempts (if needed) and the following paragraph will display, as shown in the image below:

3 rd Outreach <input type="checkbox"/> Check if you want to add an outreach attempt	09/14/2020 2:00 PM	5555555555	Was the outreach successful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DEMO
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I will be providing the IEP recommended service(s) listed below . This document describes how this service will be adapted for the learning environments available this fall. Please feel free to contact me if you have any questions or concerns. The best way to reach me is by **phone** at **718-099-0021** . Please note that, except in the case of urgent matters, it may take me a day or two to get back to you as I am in therapy sessions with students for most of the day.

I look forward to partnering with you and working towards a successful school year!

Documenting Service Delivery

- The *Student Information* section prepopulates with information from the student's profile and/or most recent finalized IEP for any related services checked at the top of the form. The *English Language Learner Status* prepopulates with information from the student's profile, if available. If not available, the field becomes editable. The *Disability Classification* populates from the latest finalized IEP, and is not editable.
- If outreach to the parent was successful, enter the **FREQUENCY**, **DURATION**, and **LOCATION** to reflect the blended and/or remote service delivery.

STUDENT INFORMATION				
Student Name: Mia Annual NYC Student ID#: 555551251 Student's DOB: 10/14/2004 English Language Learner Status: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8 Disability Classification: Speech or Language Impairment				
IEP RECOMMENDATION				
RELATED SERVICE	SERVICE DELIVERY RECOMMENDATION	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED
Speech-Language Therapy	Individual service Language of Service: Spanish	1 time(s) per week	30 minutes	Separate Location Therapy Office
SERVICE DELIVERY				
RELATED SERVICE	SERVICE DELIVERY RECOMMENDATION	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED
Speech-Language Therapy	Individual Language of Service: Spanish	* 1 time(s) per week	* 30 minutes	* (Select)

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Please add any additional details on your implementation of the service. If a combination of remote and in-person service will be provided, you may note here the distribution of

Note: The *FREQUENCY* and *DURATION* fields are only editable when there is at least one successful outreach attempt documented.

When *In Person* or *Combination of In-Person & Remote Therapy or Counseling* is selected for *LOCATION*, additional location information is required. If a change is made to the *FREQUENCY* and/or *DURATION*, a *WARNING* message is displayed. The paragraph related to parent outreach is also updated at the top of the form to explain that the frequency and/or duration of the child's service has changed.

WARNING: The entry you have made changes the frequency and/or duration of the recommended service. DOE policy regarding Provision of Related Services During Blended Learning states that related service IEP recommendations will be offered in full to the greatest extent possible. If the change was requested by the parent, please note the reason below. If you are making the change for any other reason, consult with your supervisor before finalizing this document.

As we discussed on September 16, 2020, I will be providing the IEP recommended service(s) listed below. This document describes how this service will be adapted for the learning environments available this fall. Please feel free to contact me if you have any questions or concerns. The best way to reach me is by phone at 718-555-5555. Please note that, except in the case of urgent matters, it may take me a day or two to get back to you as I am in therapy sessions with students for most of the day. Please note that the frequency and/or duration of your child's services have changed, as we discussed. You may change this decision and request the frequency and duration of service as recommended on the IEP at any time; please call me to make this request.

10. Enter *additional details on your implementation of the service*, as needed.

11. Click **Save, Done Editing**.

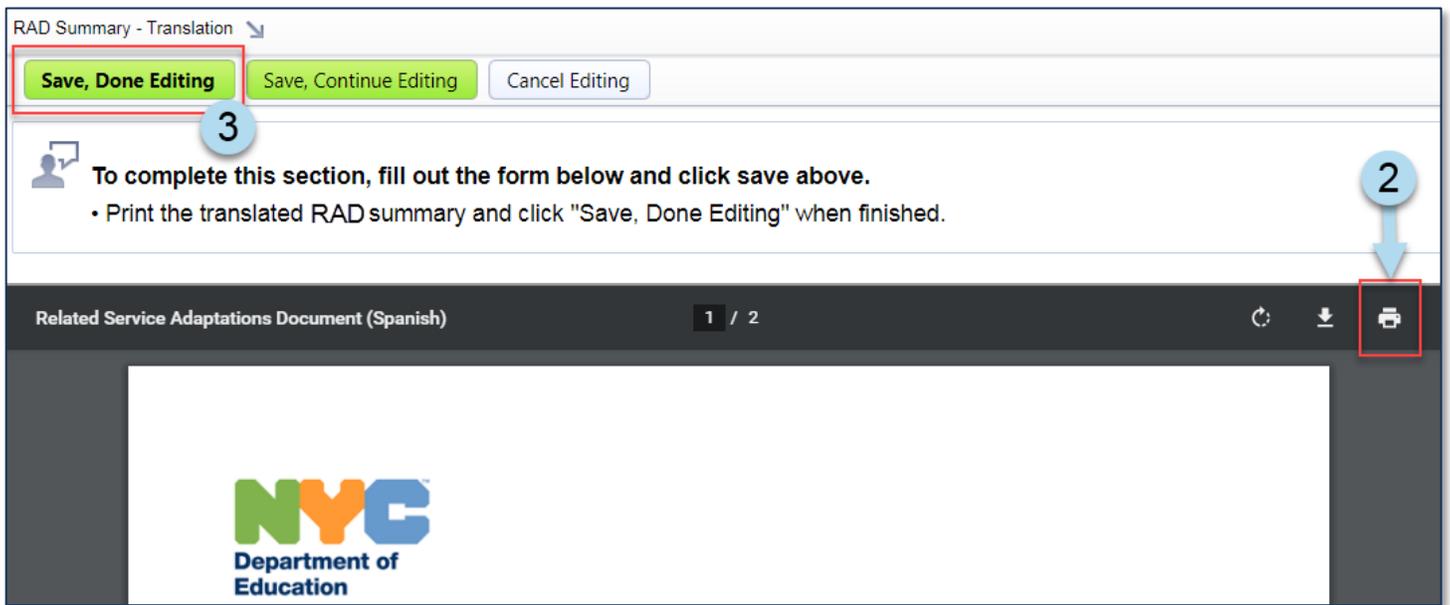
SERVICE DELIVERY				
RELATED SERVICE	SERVICE DELIVERY RECOMMENDATION	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED
Speech-Language Therapy	Individual Language of Service: Spanish	* 1 time(s) per week	* 30 minutes	* Teletherapy
<p>Please add any additional details on your implementation of the service. If a combination of remote and in-person service will be provided, you may note here the distribution of sessions between the two methods. </p> <div style="border: 1px solid gray; height: 30px; margin-top: 5px;"></div>				

Printing RAD Summary Translations

1. If the *Parent Preferred Written Language* is a DOE-covered language other than English, click the **guided action** to *print the translated RAD summary*.

• [Click here to print the translated RAD summary.](#)

2. **Print** the PDF document.
3. Click **Save, Done Editing**.



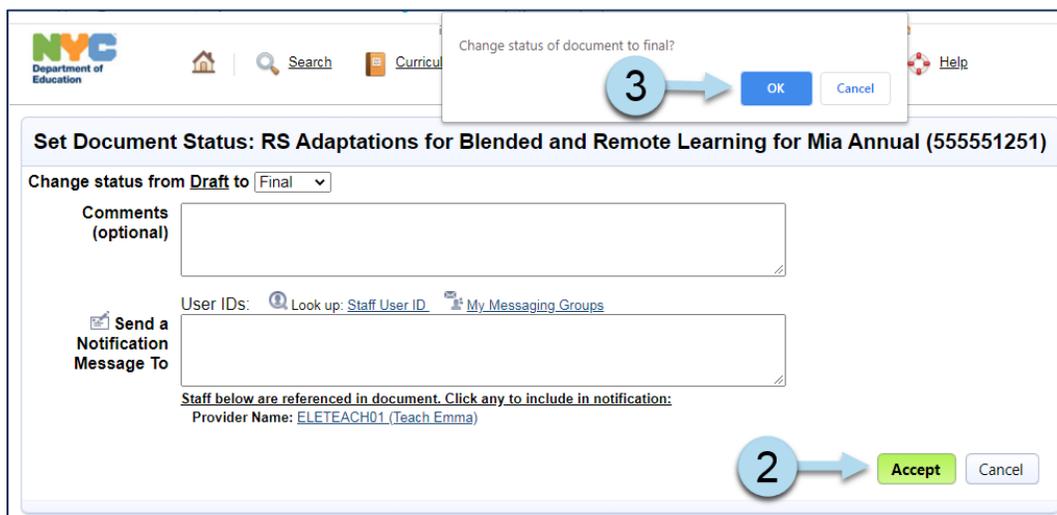
Finalizing the RS Adaptations for Blended and Remote Learning

1. Click the **guided message** to finalize the document.



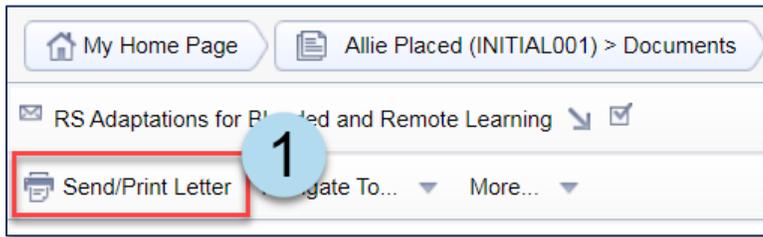
Note: You may also finalize the document from the *Set Document* dropdown menu by selecting **Status from Draft to Final**.

2. Click **Accept**.
3. Click **OK**.



Sending/Printing the RS Adaptations for Blended and Remote Learning

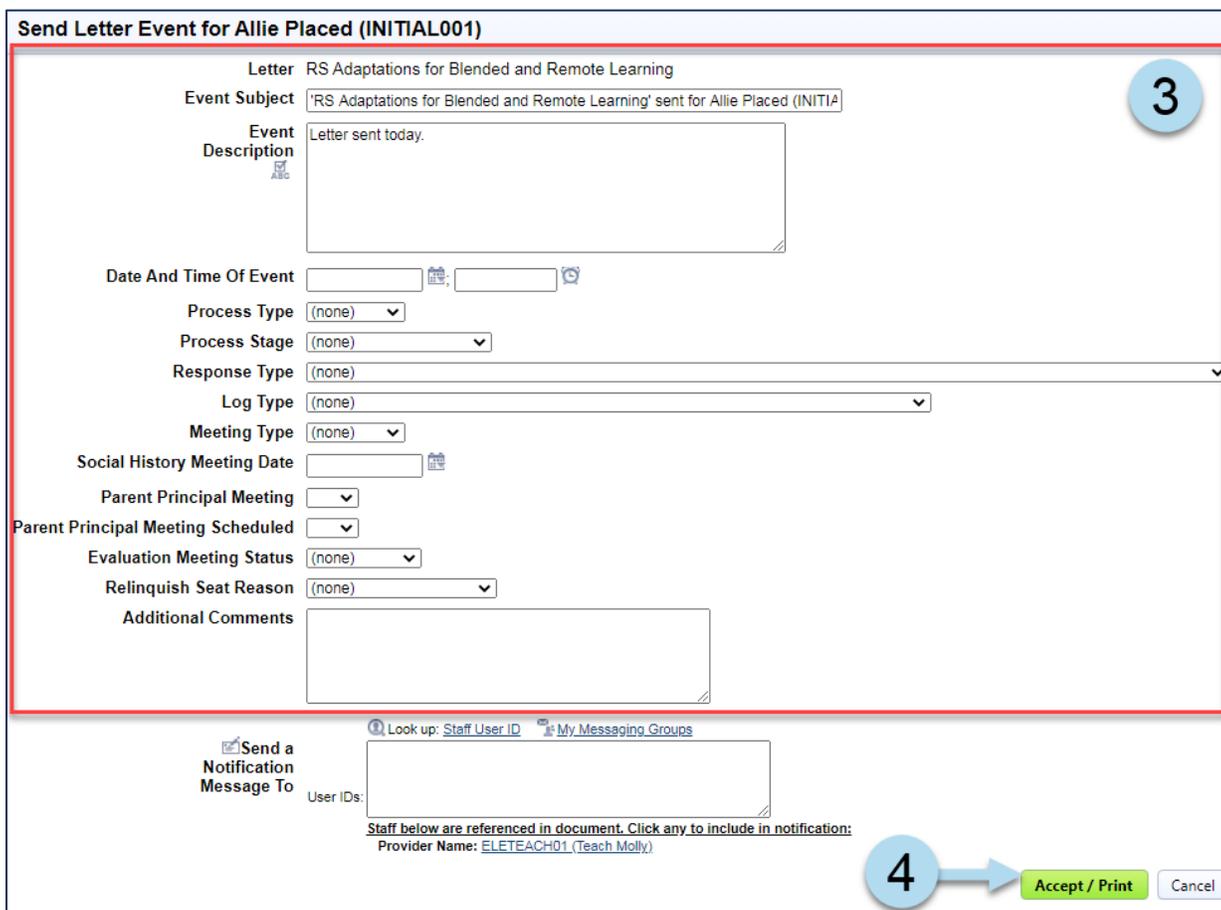
1. Click **Send/Print Letter**.



2. Click **OK** to record the event.



3. Enter *Event Description* and any other relevant/necessary information.
4. Click **Accept/Print** and send the document to the parent.



A screenshot of a form titled 'Send Letter Event for Allie Placed (INITIAL001)'. The form contains the following fields and options:

- Letter: RS Adaptations for Blended and Remote Learning
- Event Subject: 'RS Adaptations for Blended and Remote Learning' sent for Allie Placed (INITIA
- Event Description: Letter sent today.
- Date And Time Of Event: [Date Picker] [Time Picker]
- Process Type: (none)
- Process Stage: (none)
- Response Type: (none)
- Log Type: (none)
- Meeting Type: (none)
- Social History Meeting Date: [Date Picker]
- Parent Principal Meeting: [Dropdown]
- Parent Principal Meeting Scheduled: [Dropdown]
- Evaluation Meeting Status: (none)
- Relinquish Seat Reason: (none)
- Additional Comments: [Text Area]
- Send a Notification Message To: [Text Area]
- User IDs: [Text Area]
- Look up: [Staff User ID](#) [My Messaging Groups](#)
- Staff below are referenced in document. Click any to include in notification:
Provider Name: [ELETEACH01 \(Teach Molly\)](#)

At the bottom right, there is a green 'Accept / Print' button and a 'Cancel' button. A blue circle with the number 4 and an arrow points to the 'Accept / Print' button.

Note: If the parent has agreed to receive communications related to the IEP via email, the document may be saved as a PDF and emailed to the parent using email encryption. You may find instructions on Saving a SESIS document as a PDF file on the SESIS InfoHub.