

Recovery Support Agreement
for

_____ (student name)

This Agreement for Recovery Support is by and between the Beverly School for the Deaf (“BSD”) and _____, the parent, guardian or other legally responsible party (hereinafter collectively referred to as “Parent”) and District.

BSD and District have reviewed available data and information, including data from families, caregivers, and students themselves, in making the determination about the need for recovery support.

BSD has agreed to provide recovery supports to the Student as described in this Agreement.

Parent acknowledges that the recovery supports are sufficient and adequate to mitigate the impact of the emergency shift to remote instruction and to assist student’s successful transition to the 2020-21 school year.

District agrees that the recovery supports described address the student’s identified needs.

This Agreement includes all concerns that have been made or could have been made regarding Recovery Support.

1. Recovery Supports:

Support: _____

Resources: _____

Start Date: _____

When: _____

Reassessment Date: _____

Projected End Date: _____

BSD Signature Date

Parent Signature Date

District Signature Date