

SCHOOL PROGRAM CHECKLIST

The Arc chapters do not have an opinion as to whether or not your child should return to in school program or continue to participate in remote learning. The following is a checklist that serves as a tool of different information you may wish to consider as you make decisions in relation to your child.

School Name: _____ Number students in classroom: _____

Will the School follow their traditional calendar? _____

1. What time does the school day program start and end? _____
2. What are the benefits of in-school programming for the child?
 yes no Direct instruction
 yes no Learning with other children
 yes no Spend time/play with friends
 yes no Social development
 yes no Feeling of belonging
 yes no Physical exercise
 yes no Allowing parent to work
 yes no Breakfast and lunch program

Other: _____

3. Will I have the option to change to remote learning or in-school instruction at later date?
 yes no
4. If I need to withdraw my child who do I contact? _____
5. Does the School/District offer a hybrid option (e.g. some in school programming, some remote learning)? yes no Explain: _____
6. If I opt for remote learning, who do I contact for support with technology or questions in relation to the curriculum? _____

SCHOOL/CLASSROOM PLAN

1. What is the plan for the entire school if a member of staff or a student is diagnosed with COVID 19? _____
 - a. What is the timeline for notifying staff and parents? _____
 - b. Will staff and students be required to tested for COVID 19? yes no
 - c. Will staff and students be required to quarantine at home? yes no
2. Will student travel to the lunchroom for breakfast and lunch? yes no

3. Will high school students be allowed to leave campus for lunch? yes no
4. What universal precautions or protective steps are taken, and how often? _____

5. How will staff respond in the event a child removes their mask or approaches within 6 feet of another person? _____
6. Will my child attend specials, recess/physical education? yes no
7. How will special education services and related services be provided?
 - a. In school _____
 - b. Remotely _____

8. How many schools and students does each provider work with? _____
3. Will the school implement my child's Individualized Education Program or Section 504 Plan or will the school develop a Contingency Plan?

CHILD AND FAMILY INFORMATION

1. Is my child willing and able to wear a mask for an extended period of time? ___ yes ___ no
 - a. If no, how long _____
 - b. Will he or she need a break ____ yes ___ no
2. Is my child able to follow rules in relation to social distancing? ____ yes ___ no
3. How is my child's hygiene (e.g. frequent handwashing)? _____
4. Is my child able to accurately self-report symptoms (e.g. tooth ache; hot/fever)
5. What accommodations will my child need in order to participate in the school program?

6. Are there other people in my household at-risk for COVID 19 based on work or social activities? ____ yes ___ no
7. How will it impact my family if my child(ren) are online all day? _____
