School Program Checklist

AdvocacyDenver does 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? ____________________________________________

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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? ______________________
9. 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? ______________________