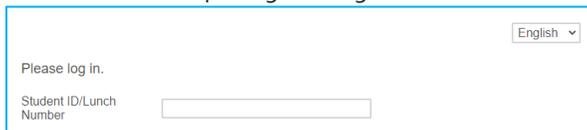


SYMPTOM SCREENING CHECKLIST

Please complete the Symptom Screening Checklist EVERY DAY you receive the link. It is emailed at 6 am every day your child is expected to attend school in-person... There are options if your child is absent for other reasons... and you can notify us if your child will be attending VIRTUALLY for the day! Here are some helpful tips:

First step... log in using student's ID number

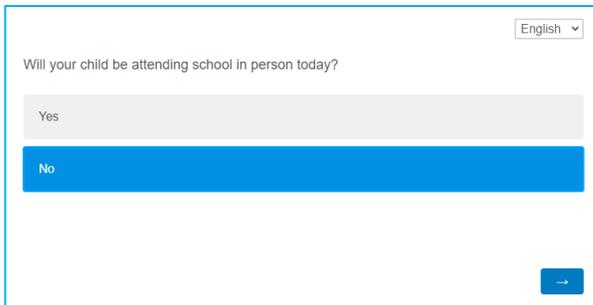


If student is symptom free & attending in-person:

If your child is attending in person, you will be asked three questions to ensure they are symptom-free and they can attend in-person school... (We have seen what this looks like!) AND you will receive an "APPROVED" response e-mailed

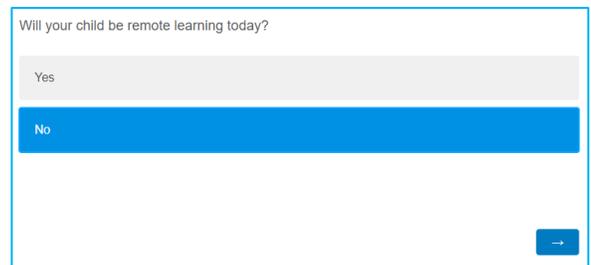


Will your child be attending school in person?

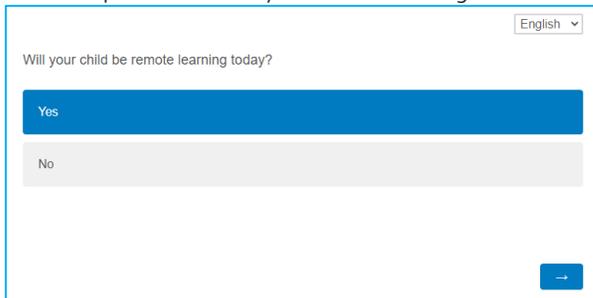


BUT - did you know.... If they will not be in-person, you will be asked if they plan to attend virtually???

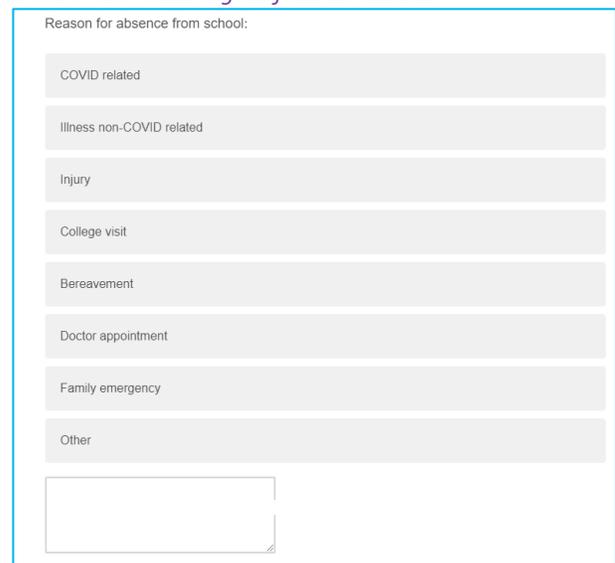
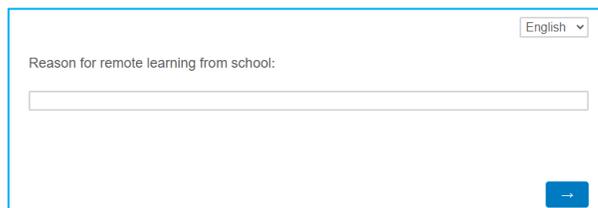
If they are NOT remote... they will be ABSENT:



If not in person... will they be remote learning?



If they are not attending in-person OR virtually, they will be marked absent. You will be asked for a reason and reminded to send in a note within three days of their return to school (the note can be done online by clicking the "Absence" circle on the website and submitting the form via email!!!)



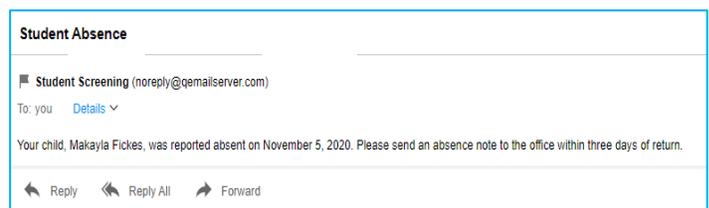
We thank you for your time spent taking this survey.
Your response has been recorded.

ERROR OR QUESTIONS:

If you responded to a question in error or need to follow up on your student's status, please email your child's teacher, and the office.

We may follow up with any "Illness" responses, feel free to reach out to us with additional information regarding your student.

NOTE: You may only enter your child's ID number one time each day (you cannot 'go back' to fix any errors) and once completed correctly, check your email for an "Approved" confirmation.



Thank you for your cooperation... we ask this screening is completed by 8 am daily (including PM-Kindergarten).

English ▾

Does your child have one of the following symptoms? New cough, shortness of breath, difficulty breathing, or lack of smell or taste (without congestion).

Yes

No



Does your child have two or more of the following symptoms? Fever/elevated temperature (axillary/temporal 99.5°F or higher; oral 100.4°F or higher), sore throat, chills, muscle pain, fatigue, headache, congestion/runny nose, nausea, vomiting, diarrhea.

Yes

No

English ▾

Is your child over the age of 11 and traveled outside of Pennsylvania for more than 24 hours in the last 14 days and has not had a negative COVID test upon returning to Pennsylvania? Has your child tested positive for COVID 19 in the past 10 days, been tested for COVID 19 and are waiting for results, or been in close contact with someone who tested positive in the past 14 days? Close contact is defined as within 6 feet for 15 minutes or more.

Yes

No