



**Whole-Child
Safe-Inspiring
Student-Growth**

Summit Hill School District 161

Arbury Hills School ■ Frankfort Square School ■ Indian Trail School
Dr. Julian Rogus School ■ Walker Intermediate School ■ Summit Hill Jr. High

www.summithill.org

REMOTE LEARNING APPLICATION INSTRUCTIONS

The District will resume in-person instruction for all students on Wednesday, August 25, 2021. Remote learning will only be available to students who complete the District's Remote Learning Application Form, including healthcare certification (signature).

Remote Learning Application Form:

A student is eligible for remote learning if the district receives a statement from a physician licensed to practice medicine in all of its branches, a licensed physician assistant (PA), or a licensed Advanced Practice Registered Nurse (APRN) that the student is at increased risk of severe illness or has special health care needs. A student is also eligible for remote learning if they live with an individual with increased risk of severe illness from the virus that causes COVID-19.

According to the CDC, individuals are at increased risk for severe illness if they are older adults, pregnant, or have a history of certain medical conditions. Adults of any age with the following medical conditions are at increased risk:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
- Severe Obesity (BMI ≥ 40 kg/m²)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus

Individuals with the following conditions might be an increased risk for severe illness:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Overweight (BMI > 25 kg/m², but < 30 kg/m²)
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus



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Referral (cont.)

The Remote Learning Application form shall be given to parents who will secure the medical statement. Once completed, this document should be submitted to their child's school principal. In the event a student is placed into a remote section (with the appropriate doctor's authorization), and then needs to move to an in-person section due to changing circumstances, a change in classroom teacher(s) is highly likely.

Program Planning

Remote learning will consist of a minimum of 5 hours of daily instruction with 2.5 hours a day of live instruction for full day programs. Students within a half-day program will receive 2.5 hours a day of instruction with 1.5 hours a day of live instruction. Live instruction may not include a teacher from the student's current school building.

Remote Instruction Terminates

An updated remote learning application will be required by January 21, 2022 in order to extend remote learning into the second half of the school year. (This date marks the midterm of Trimester 2.) If an updated application is received, and a continuation of remote instruction is needed, remote instruction will continue.

If the student's medical status changes and the student can return to in-person learning, the student will be able to return to in-person learning upon receipt of a physician's note indicating the change of status. In-person learning may commence, but the District may require no more than 5 school days' notice prior to beginning in-person learning. Upon making a transition from remote learning to in-person learning, a change in classroom teacher(s) is highly likely.

The application and remote learning program description outlined in these instructions are subject to change based upon updated guidance from ISBE, IDPH, and the CDC. If guidance and requirements change in relation to remote learning, the District will contact and update families regarding those changes.



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REMOTE LEARNING APPLICATION

INSTRUCTIONS: Please return this form to your child's principal promptly as remote instruction cannot be started until medical information is received. Upon receipt of medical certification, the school District will provide remote instruction for an eligible student within 5 school days. **Please complete and return TWO pages.**

SECTION 1 - TO BE COMPLETED BY A LICENSED HEALTHCARE PROVIDER

Student Name: _____ Date of Birth: _____

Attending School: _____ Grade Entering: _____

**I certify that this student is unable to attend in-person public school because:
 (Check one only)**

the student is at increased risk of severe illness (including those with special health care needs) due to the COVID-19 pandemic.

OR

the student resides with a person at increased risk.

Patient's name : _____
 (name of student OR name of household member with increased risk)

Medical Certification: By signing this form, I certify that I am the healthcare provider of the above-named individual and that based on current guidance issued by the Centers for Disease Control described below, the individual is at increased risk for severe illness if infected by the COVID-19 virus, or is a student with special health needs. **I further certify that the factors causing increased risk will continue for the next 90 school days.**

Individuals are at increased risk of severe illness when they are above age 65, pregnant, or are adults of any age with the following medical conditions: cancer, chronic kidney disease, COPD, Down Syndrome, heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies), immunocompromised state from solid organ transplant, obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²), Severe Obesity (BMI ≥ 40 kg/m²), pregnancy, sickle cell disease, smoking, Type 2 diabetes mellitus.

Individuals with the following illnesses might be at an increased risk for severe illness: Asthma (moderate-to-severe), cerebrovascular disease (affects blood vessels and blood supply to the brain), cystic fibrosis, hypertension or high blood pressure, immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines, neurologic conditions, such as dementia, liver disease, overweight (BMI > 25 kg/m², but < 30 kg/m²), pulmonary fibrosis (having damaged or scarred lung tissues), thalassemia (a type of blood disorder), Type 1 diabetes mellitus.

Special Recommendations to Teacher:

 Print or Type Name of Provider (MD, DO, PA, or APRN)

 Provider Contact Telephone Number

 Original Signature of Provider

 Date



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REMOTE LEARNING APPLICATION (CONT.)

SECTION 2 - TO BE COMPLETED BY A PARENT / GUARDIAN

I hereby request that my child receive remote instruction in lieu of in-person learning. I recognize and accept the following as part of my child's remote instruction:

- My child's remote learning teacher may not include a teacher from the current school building.
- Upon making a transition from remote learning to in-person learning, or from in-person learning to remote learning, a change in classroom teacher(s) is highly likely.
- My child's education will consist of a minimum of 5 hours of daily instruction with 2.5 hours a day of live instruction for full day programs. Students within a half-day program will receive 2.5 hours a day of instruction with 1.5 hours a day of live instruction.
- Certain standardized assessments throughout the school year will be administered at the school building. Students will need to be transported to and from school. Social distancing and shorter timeframes will be utilized.
- An updated remote learning application will be required every 90 school days in order to continue remote instruction – January 21, 2022.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

SECTION 3 – SCHOOL DISTRICT

Current Educational Placement: General Education Section 504 Special Education IEP EL EC
(check all that apply) Summit _____ Accelerated _____

Remote Program: _____

Date remote instruction began: _____