



Steger School District 194
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July 8, 2021

Dear Steger School District 194 Parents/Guardians,

We are pleased to announce that Steger School District 194 will return to full in-person learning for the 2021-2022 school year beginning Wednesday, August 25, 2021.

This decision aligns with the May 19, 2021, resolution from the Illinois State Board of Education (ISBE). This resolution passed unanimously, and supports a planned declaration by Illinois State Superintendent of Education Dr. Carmen Ayala that all Illinois schools must return to full in-person learning for all student attendance days in the 2021-2022 school year.

We also know that some students have medical conditions or health care needs that place them at an increased risk of severe illness from Covid-19. Therefore, for the 2021-2022 school year, students may be eligible for remote learning if the District receives confirmation from a licensed physician that the student is at increased risk of severe illness or has special health care needs. If your child may be best served in a remote learning setting due to their medical condition or health care needs, you may request remote learning programming for him/her by completing the necessary attached forms and returning them to the SD 194 Administration Center by Thursday, July 29, 2021. Placement into remote learning for any student is subject to District review and approval, and is for the entire 2021-2022 school year. Submitted forms will be reviewed and families will be notified of approval status and next-steps.

Families who do not submit a Remote Learning Application and Physician Certification form by Thursday, July 29, 2021 will automatically receive in-person instruction for the 2021-2022 school year. Please contact the SD 194 Administration Center 708-753-4300 with any questions or concerns.

Sincerely,

Dr. David T. Frusher
Superintendent of Schools

Remote Learning Application (COVID-19 Related)

Pursuant to Joint Guidance issued by the Illinois State Board of Education (ISBE) and the Illinois Department of Public Health (IDPH), school districts should return to in-person instruction as soon as practicable in every Illinois community.

The Joint Guidance and the ISBE frequently-asked-questions document direct school districts to continue to offer the option of remote instruction only to student who:

1. Are at increased risk of severe illness

(defined at: [Scientific Evidence for Conditions that Increase Risk of Severe Illness](#) |

[COVID-19https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/underlying-evidence-table.html](https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/underlying-evidence-table.html)

2. Have special healthcare needs; or

- ### 3. Live with people at increased risk

(defined at: [Revised Public Health Guidance for Schools](#))

<http://www.isbe.net/Documents/revised-public-health-guidance-for-schools.pdf>

For students who are unable to return to in-person instruction due to one or more of the exemptions above, please ask your child's /family's physician to complete the form below and return it by Thursday, July 29, 2021, at the SD 194 Administration Center.

Student Name: _____ Student Date of Birth: _____

School attending: _____ Grade: _____

Please indicate the reason for your request.

____ Student has a medical condition that places him/her at increased risk of serious illness

_____ Student has special health care needs

Student lives with someone who is at increased risk of serious illness

Please provide the details for your request. (print clearly)

[illegible]

Terms and Conditions:

- I have attached to this form current, signed documentation from a medical professional confirming that remote learning is medically necessary due to the vulnerable health condition of my student or of a family member residing within the same home as my student. This vulnerable health condition must be directly related to COVID-19.
- I understand that remote students will not have access to the same instructional programming offered to in-person students.
- I understand that I may have to pick up learning materials for my student during the school year.
- I understand that if my child is taking courses that are live streamed, their camera must be on and they must be in attendance during the teacher's full lesson, and maintain passing grades in all classes. If attendance is not consistent and grades are failing, my student's placement may be re-evaluated.
- I understand that by submitting this request, my student will not automatically receive remote learning services, and that District staff will review the forms submitted to determine eligibility for remote learning services. I also understand that I may be asked to periodically update my student's health status and provide additional certifications.
- I understand that selecting remote learning for my student is a yearlong commitment.
- I understand that my student cannot participate in extracurricular activities and athletics while being a remote student.

Parent/Guardian Name PRINT: _____

Parent/Guardian Signature: _____ Date: _____

Release of Medical Information:

I hereby grant my consent to Steger School District 194 to communicate and exchange any and all student record and medical information with the physician listed on this form. The purpose for this disclosure is educational planning. If I do not grant this consent, the District will not exchange information with the physician, but I will not suffer any other consequences. This consent is valid for one calendar year from the date set forth below and may be revoked at any time in writing.

Parent/Guardian Name PRINT: _____

Parent/Guardian Signature: _____ Date: _____

PHYSICIAN CERTIFICATION

THE REMAINDER OF THIS FORM SHOULD BE COMPLETED BY A PHYSICIAN
(Print clearly on all forms)

Date completed: _____

Check who you are filling this form out for: Student _____ Family member living in same home _____

Student Information:

Student's First & Last Name: _____ Student Date of Birth: _____

Medical Professional:

Physician Name: _____

Specialty: _____

Phone Number: _____ Email: _____

How long have you been treating this patient: _____

Medical Condition: To be completed by Medical Professional:

Date of student's most recent medical examination: _____

Diagnosis: _____

Describe the reason remote learning is medically necessary for this student as it relates to COVID-19:

Anticipated duration of the student's need for remote instruction:

Signature of Medical Professional:

Medical Professional Name: PRINT _____

Medical Professional Signature: _____ Date: _____

Please note that your signature is confirming that remote learning is medically necessary due to the vulnerable health condition of this student or family member living with this student. This vulnerable health condition must be directly related to COVID-19.