



SCHOOL DISTRICT 54

Ensuring Student Success

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Andrew D. DuRoss
Superintendent of Schools

District 54 Remote Learning Accommodation Form

Parents/guardians of students who want to continue to participate in remote learning must complete this form. A student is eligible for remote learning only if District 54 receives this form with a statement from a licensed physician, physician assistant or advanced practice registered nurse indicating that the student is at increased risk of severe illness due to a pre-existing condition or has special health care needs (e.g., regular oxygen administration, medically fragile). A student may also be eligible for remote learning if they live with an individual who is at increased risk of severe illness from infection with COVID-19.

SECTION 1 – To be Completed by Parent/Guardian

Student Name _____ Grade _____

School _____ Teacher Name (if known) _____

I hereby request that my student receive remote instruction in lieu of in-person learning due to one of the reasons certified by the physician, physician assistant or advanced practice registered nurse indicated below. By signing this form, I acknowledge and accept the following.

- District 54 cannot accommodate requests for specific teachers.
- The remote program is 5 instructional hours per day, with 2.5 hours a day of live, synchronous, instruction each day.
- An updated remote learning application will be required every 90 calendar days for students who wish to continue with District 54's remote learning option.

Parent/Guardian name (printed) _____

Parent/Guardian Signature _____ Date _____

SECTION 2—To be Completed by Licensed Health Care Provider

Patient's Name _____
(name of student or household member with increased risk)

Remote instruction is required for the student identified in Section 1 because (check one):

The student or someone who lives with the student is at increased risk of severe illness from COVID-19; or

The student has special health care needs (please complete Section 2a).

Medical Certification: By signing this form, I certify that I am the health care 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. I further certify that the factors causing increased risk will continue for the next 90 calendar days.

According to the CDC, individuals over the age of 65 are more likely to get severely ill from COVID-19. In addition, the CDC advises that adults of any age with the following conditions can be more likely to get severely ill from COVID-19: cancer, chronic kidney disease, chronic lung diseases (including COPD, moderate-to-severe asthma, interstitial lung disease, pulmonary fibrosis, cystic fibrosis and pulmonary hypertension), dementia or other neurological conditions, type 1 or 2 diabetes, Down syndrome, heart conditions (including heart failure, coronary artery disease, cardiomyopathies or hypertension), HIV infection, immunocompromised state (weakened immune system), liver disease, overweight (BMI >25 kg/m², but <30 kg/m²), obesity (BMI ≥30 kg/m² but <40 kg/m²), severe obesity (BMI ≥ 40 kg/m²), pregnancy, sickle cell disease or thalassemia, smoking (current or former), solid organ or blood stem cell transplant (including bone marrow transplants), stroke or cerebrovascular disease, or substance abuse disorders.

SECTION 2a (to be completed by health care provider for students with special health care needs)

By signing below, I certify that the student named in Section 1 above has the following special health care needs, which prevent the student's safe school attendance under current conditions and require the continuation of the remote learning program.

Print Name of Physician, Physician Assistant or Advanced Practice Registered Nurse

Signature of Physician, Physician Assistant or Advanced Practice Registered Nurse

Health Care Provider Address

Health Care Provider Telephone

Date

For school use – Student receives services through (check one):

General Education Section 504 Individual Education Plan (IEP)