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Dear Parent/Guardian:

The Fontana Unified School District (“District”) in conjunction with the Center for Disease Control and Prevention (CDC) and San Bernardino County Health Officials are requiring Distance Learning due to the continued COVID-19 health crisis. Health care providers and caregivers (including psychologists, nurses, speech pathologist) are considered essential workers and may have contact with their students for one to one appointment/s.

The District is proposing to see your child (and possibly you) for a one to one appointment. The District has made careful considerations regarding which assessments are essential at this time; specifically, assessments related to important transitions (e.g., initial school placement, transition school placement, triennial assessment, etc.).

To protect your family and that of the assessment team, the District has taken protective precautions to decrease the risk of exposure. Upon initial contact, the District will do the following:

* Verbally screen students and parents for known or suspected COVID-19 in either self or close contacts;
* Verbally screen students for fever, cough or respiratory systems in either self or close contacts;
* Use a no touch thermometer to take the student’s temperature
* Wear a face mask; your child will also be required to wear a mask
* The assessor and child will be separated by a plexiglass divider
* Practice and require the proper use of hand hygiene and alcohol-based hand sanitizer and/or soap-and-water; and
* Disinfect exposed and potentially contacted surfaces and all testing materials in between assessment appointments

If you are agreeable to taking part in the protective precautions referred to above, please sign the attached acknowledgement form so the assessments can begin on      /     /      at       , as scheduled.

Please understand, if you are not comfortable with or unable to adhere to the protective measures described above, then we will be unable to conduct the offered assessments at this time. We ask that you please notify us in writing if you are not comfortable with or unable to adhere to the protective measures described above, and that you withdraw your consent for your child's assessment at this time. Should your circumstances change in the future, the District will remain ready, willing, and available to conduct the assessments.

Thank you in advance for your collaboration in our efforts to maintain the health and safety of your child, as well as all students and staff in the District.

Sincerely,

Dr. Del Grace, DNP, PNP

Dr. Del Grace, DNP, PNP

Credential School Nurse Practitioner

Fontana Unified School District

ACKNOWLEDGEMENT

I understand that by completing this assessment, the risk of infection of COVID-19 is greater for myself, a member of my household or anyone else with whom I come in contact.

I declare that neither I, nor any members of my household, have any of the following symptoms:

* Fever or a general feeling of discomfort, illness, or uneasiness whose exact cause is difficult to identify
* Cough, chest pain, shortness of breath
* Sneezing or runny nose

I understand that the following factors increase the likelihood of complications related to COVID-19:

* Obesity;
* Persons over the age of 65;
* Smoking or a history of smoking;
* Heart disease or lung disease (including asthma);
* Immunocompromised (organ transplant, chemotherapy, prednisone or other medication);
* Diabetes; and/or
* Liver or kidney disease.

I, , understand that face-to-face contact comes with an increased risk of COVID-19 infection, and I understand that I have the choice to postpone my child’s appointment for assessment. If my child, or anyone in my family, tests positive for COVID-19 within 14 days of my child’s assessment appointment, I will contact the Fontana Unified School District directly.

I, , consent to bring my child, , for an assessment with the Fontana Unified District Assessment Team for the following appointment on:      /     /      at      .

I, , am not comfortable or am unable to bring my child, , for an assessment with the Fontana Unified School District Assessment Team for the above listed appointment at this time. I withdraw my consent for the pending assessments. I understand that by withdrawing my consent to the pending assessments it means that the District is no longer required to conduct the assessment within the applicable timelines. I further understand that I can request to restart these assessments by contacting CASE MANAGER, my child's case carrier, and that upon contacting CASE MANAGER, a new assessment plan will be provided to me for my review and consideration.

Parent/Guardian/Adult Student Date