



## ATTESTATION FOR TERMINATING REMOTE LEARNING FOR INDIVIDUAL STUDENTS

### SECTION I: Information

Districts have several options available to help in determining a Student Learning Environment (SLE) for students. The student expectations of engagement should be designed to be equitable between learning models to minimize loss of learning, support all students, and display an ease of transition. However, when students are struggling, the need for interventions or a change in learning environments may be necessary. In districts that offer remote learning, a district can meet with parents/guardians in collaboration with administration and teachers to choose the student learning environment, a parent can request for the student to be moved to in-person learning, or a district can cancel remote learning for the student with the requirement to notify parents of the cancellation decision along with an outlined appeal process.

Parent notification to cancel remote learning by the school district should be sent to the parents to notify the change of placement, outline the district procedure for removal and provide a notice of the right to appeal the decision. Indeed, the health and safety of the student and their family should remain the primary consideration. If a medical certification is provided, attesting the student or individual within the same household has a high-risk medical condition, as outlined by the CDC, an appeal should be granted to continue remote learning.

Please note remote instruction may be required for individual students if those students' individualized education programs (IEPs) or Americans with Disabilities Act accommodations require remote instruction. (For more information about considerations for students receiving special services, please see the SY 20-21 Special Education FAQ on the [TEA COVID-19 Support and Guidance site](#).) Schools must also ensure compliance with all relevant laws and regulations regarding equitable access for all students.

### SECTION II: On-Campus Instruction Requirements

**Does the district have a published procedure for canceling remote learning for individual students? Yes**

**Prior to discontinuing remote learning, does district procedure allow a meeting with parents for a change in the learning environment? Yes**

**Does district procedure offer an appeal process for a district-initiated cancellation of remote learning? Yes**


**Does district procedure allow students to remain remote if a medical certification is presented verifying a health issue of the student or individual within the household? Yes**

**Does the district procedure allow for a two-week transition grace period for return to in-person learning? Yes**

**Does the district procedure ensure equitable practices for the cancellation of remote learning for individual students? Yes**

### SECTION III: Signature

District Name	Superintendent Name
Kermit ISD	Jose Lopez

Date	Superintendent Signature
12/1/22	

I, the superintendent of schools, attest that the district will comply with the requirements of attestation for terminating remote learning for individual students.

Submit completed attestation form to: [SchoolGovernance@tea.texas.gov](mailto:SchoolGovernance@tea.texas.gov)



**Parent Notification of Student's Cancellation of Remote Learning**  
***Kermit Independent School District***

**December 1, 2020**

Dear Parents of **[Insert name]**:

Based on your child's attendance and/or academic performance in a remote instruction setting, **Kermit ISD** is recommending cancellation of remote instruction for your child.

As part of our goal to ensure an effective learning environment for your child, we have evaluated attendance and/or grade level results of your child's performance in remote learning, based on the following criteria:

- Student has a class average of **69 for the six weeks** or below in **[insert course name]**
- Student has **3** or more unexcused absences in **[insert course name]**

Beginning on **January 4, 2021** your child will be required to return to in-person learning. If you have questions or concerns regarding this placement, please contact your child's campus at your earliest convenience at **High School at 432-586-1050; Jr. High at 432-586-1040 or Kermit Elementary at 432-586-1020.**

If you disagree with remote learning cancellation, you may appeal this decision in one of two ways:

1. **Submitting a medical exemption**, which you can find attached to this communication, or you can download it here (<https://tea.texas.gov/texas-schools/health-safety-discipline/covid/covid-19-support-district-waivers-finance-grants>). This exemption requires health care provider certification that your child or an individual in his/her household has a high-risk medical condition as defined by the Centers for Disease Control. You can submit this appeal via email to **[djsharp@kermitisd.org](mailto:djsharp@kermitisd.org)** (**High School Principal**); **[wparmstrong@kermitisd.org](mailto:wparmstrong@kermitisd.org)** (**Jr. High Principal**) or **[slgonzales@kermitisd.org](mailto:slgonzales@kermitisd.org)** (**KES Principal**).
2. **Requesting a transition meeting**. If you request a transition meeting (which can be held virtually), **Kermit ISD** will contact you to schedule a transition meeting, including your student's teacher in **[insert course above]**. The meeting will occur no sooner than 3 days after you request it, and your child may continue to learn remotely until the meeting has been held.

If you have questions about this notice, please contact **[djsharp@kermitisd.org](mailto:djsharp@kermitisd.org)** (**High School Principal**); **[wparmstrong@kermitisd.org](mailto:wparmstrong@kermitisd.org)** (**Jr. High Principal**) or **[slgonzales@kermitisd.org](mailto:slgonzales@kermitisd.org)** (**KES Principal**).

Sincerely,

**[Insert name of campus principal]**  
**[Insert name of campus]**



**Kermit Independent School District**  
**Notificación a los padres por la suspensión del aprendizaje a distancia**  
**del estudiante**

**1 de diciembre, 2020**

Estimados padres de **[Insert name]**:

En base a la asistencia o al rendimiento académico de su hijo en un entorno de enseñanza remota, **Kermit ISD** recomienda la suspensión del aprendizaje a distancia para su hijo.

Como parte de nuestro objetivo de garantizar un entorno de aprendizaje eficaz para su hijo, hemos evaluado los resultados de asistencia o nivel académico de desempeño de su hijo en el aprendizaje a distancia, según los siguientes criterios:

- El estudiante tiene un promedio académico de **[69 for the six weeks]** o inferior en **[insert course name]**
- El estudiante tiene **3** o más ausencias injustificadas en **[insert course name]**

A partir del **4 de enero, 2020** su hijo deberá retomar las clases presenciales. Si tienen preguntas o inquietudes con respecto a esta asignación, comuníquense con el campus de su hijo lo antes posible al **High School al 432-586-1050; Jr. High al 432-586-1040 o Kermit Elementary al 432-586-1020.**

Si no están de acuerdo con la cancelación del aprendizaje a distancia, pueden apelar esta decisión mediante una de las siguientes formas:

1. **Presentando una exención médica**, que pueden encontrar adjunta a esta comunicación, o pueden descargarla aquí (<https://tea.texas.gov/texas-schools/health-safety-discipline/covid/covid-19-support-district-waivers-finance-grants>). Esta exención requiere la certificación del proveedor de atención médica donde conste que su hijo o una persona de su grupo familiar tiene una condición médica de alto riesgo, según lo establecido por los Centros para el Control de Enfermedades. Pueden enviar esta apelación por correo electrónico a **[djsharp@kermitisd.org](mailto:djsharp@kermitisd.org)** (Principal de la High School); **[wparmstrong@kermitisd.org](mailto:wparmstrong@kermitisd.org)** (Principal de la Jr. High) o **[slgonzales@kermitisd.org](mailto:slgonzales@kermitisd.org)** (Principal de KES).
2. **Solicitando una reunión de transición**. Si solicitan una reunión de transición (que se puede realizar virtualmente), **Kermit ISD** se comunicará con ustedes para programar una reunión de transición, incluyendo al maestro del estudiante de **[insert course above]**. La reunión tendrá lugar no antes de los 3 días a partir del momento en que la soliciten, y su hijo puede seguir tomando las clases de forma remota hasta que la misma se haya llevado a cabo.

Si tienen preguntas sobre este aviso, envíen un correo electrónico a **[djsharp@kermitisd.org](mailto:djsharp@kermitisd.org)** (Principal de la High School); **[wparmstrong@kermitisd.org](mailto:wparmstrong@kermitisd.org)** (Principal de la Jr. High) o **[slgonzales@kermitisd.org](mailto:slgonzales@kermitisd.org)** (Principal de la KES).

Atentamente,

**[Insert name of campus principal]**  
**[Insert name of campus]**



### Medical Certification for COVID-19 High Risk Exemption

Student name:	Campus:
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Return to in- person instruction medical certification exemption:

Should a student be identified to return to in-person instruction, but the student or an individual in his/her household has a high-risk medical condition as defined by the Centers for Disease Control, a medical certification form will need to be completed.

This form will need to be presented at the appeal meeting or emailed to the campus administration to claim the high-risk exemption for COVID-19.

**Individual at Higher Risk:** Individuals at higher risk for severe illness from COVID-19 are those individuals with certain underlying health conditions as designated by the CDC, which provides as follows:

Those individuals who are at higher risk of severe illness, as designated by the Centers for Disease Control (CDC), are those with conditions such as asthma, chronic lung disease, compromised immune systems (including from smoking, cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, or use of corticosteroids or other immune weakening medications), diabetes, serious heart disease (including heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and hypertension), chronic kidney disease undergoing dialysis, liver disease, or severe obesity.

#### To be completed by the Health Care Provider

Health Care Provider's Name: \_\_\_\_\_

Health Care Provider's Address: \_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

1. Does the named student have an underlying medical condition deemed to be high risk for severe illness from COVID-19 as determined by the CDC and listed above?  Yes  No
2. If yes, please provide the medical diagnosis of the underlying condition (as identified by the CDC) for this student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date



### Certificación médica para la exención de alto riesgo para COVID-19

Nombre del estudiante:	Campus:
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Exención de certificación médica para el retorno a las clases presenciales:

Si se determina que un estudiante retome las clases presenciales, pero el estudiante o alguien de su grupo familiar tiene una condición médica de alto riesgo según lo definido por los Centros para el Control de Enfermedades, se deberá completar un formulario de certificación médica.

Este formulario deberá presentarse en la reunión de apelación o enviarse por correo electrónico a la administración del campus para reclamar la exención de alto riesgo para COVID-19.

**Personas con mayor riesgo:** los CDC establecen que las personas con mayor riesgo de enfermedad grave por COVID-19 son aquellas con ciertas condiciones de salud subyacentes, a saber:

Las personas que tienen un mayor riesgo de enfermedad grave, según lo designado por los Centros para el Control de Enfermedades (CDC), son aquellas con afecciones como asma, enfermedad pulmonar crónica, sistemas inmunitarios comprometidos (incluso por tabaquismo, tratamiento del cáncer, médula ósea o trasplante de órganos, inmunodeficiencias, VIH o SIDA mal controlado, o uso de corticosteroides u otros medicamentos que debilitan el sistema inmunológico), diabetes, enfermedad cardíaca grave (incluida insuficiencia cardíaca, enfermedad de las arterias coronarias, enfermedad cardíaca congénita, miocardiopatías e hipertensión), enfermedad renal crónica en proceso diálisis, enfermedad hepática u obesidad grave.

#### Para ser completado por el proveedor de atención médica

Nombre del proveedor de atención médica: \_\_\_\_\_

Dirección del proveedor de atención médica: \_\_\_\_\_

Tipo de práctica/especialidad médica: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Fax: \_\_\_\_\_

1. ¿El estudiante designado tiene una condición médica subyacente considerada de alto riesgo de enfermedad grave por COVID-19 según lo determinado por los CDC y lo mencionado anteriormente?  Sí  No
2. En caso afirmativo, proporcione el diagnóstico médico de la condición médica subyacente (según lo identifican los CDC) de este estudiante.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Firma del proveedor de atención médica

\_\_\_\_\_  
Fecha