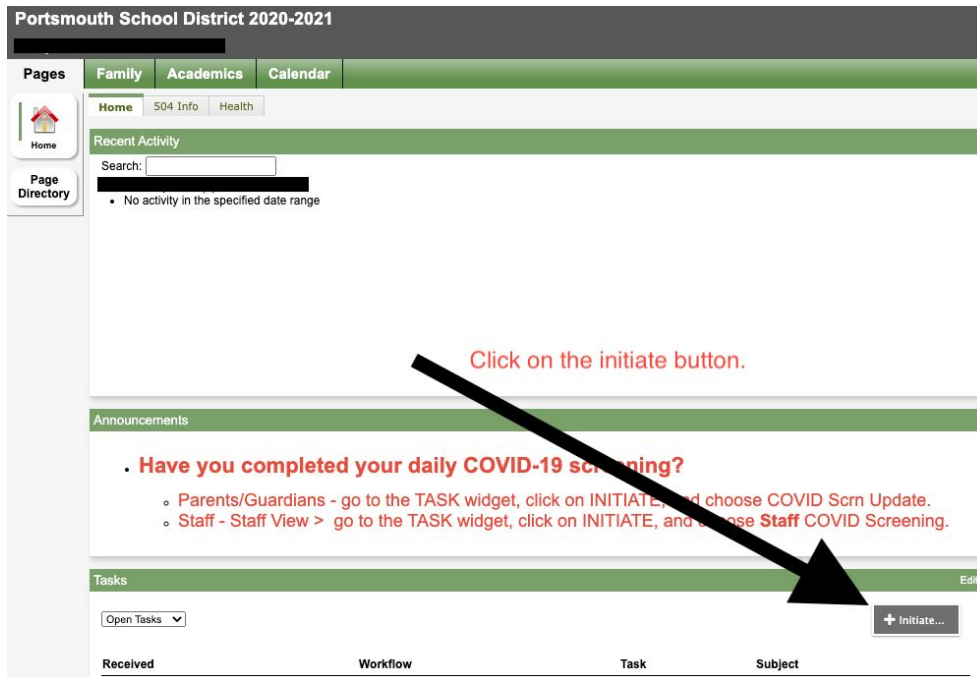


Parent/Guardian Daily Screening for COVID-19

To get to ASPEN, go to www.portsmouthschoolsri.org and click on the ASPEN logo.



Step 1 - Login to the Family Portal, and from the main page go to the task widget and click on initiate.



Step 2 - Choose COVID Scrn Update from the Workflow dropdown menu. The date will populate automatically. Use the magnifying glass to choose the student for whom you are filling out the screening. (If you have more than one child in the district, you will need to go through the process for each child.)



Step 3 - Review the symptoms and check your child for any listed. Once you have done that, indicate that you have done the screening of your child by choosing yes in the dropdown box. Yes indicates that your child is not showing any of the above symptoms and is feeling well. No indicates that your child is displaying one or more of the listed symptoms and should not be in school.


Initiate Workflow: Details

Covid Scrn Update Details for [REDACTED]

Portsmouth Parent/Guardian COVID-19 Daily Screening
Parents/guardians will follow the daily COVID-19 daily screening guidelines from the CDC and the Rhode Island Department of Health. Symptoms may appear 2-14 days after exposure to the virus.
Please screen your child for the following:
Fever or chills
Cough
Shortness of breath or difficulty breathing
Fatigue
Muscle or body aches
Headache
New loss of taste or smell
Sore throat
Congestion or runny nose
Nausea or vomiting
Diarrhea
Have you or anyone in your household ---
...been in close contact (less than six feet) with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days?
...traveled anywhere outside the 50 United States in the past 14 days?
...traveled outside of Rhode Island for a non-work-related purpose to another state that currently has a stay-at-home restriction, a shelter-in-place restriction, or a similar restriction, declaration, or announcement due to a COVID-19 outbreak?
...been directed to quarantine or isolate by the Rhode Island Department of Health or a healthcare provider in the past 14 days?
IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE, AND YOU CANNOT EXPLAIN THESE SYMPTOMS BY KNOWN ALLERGIES OR NON-INFECTIOUS ILLNESSES, THEN YOU CANNOT ENTER THIS BUILDING FOR THE SAFETY OF OTHERS.

I confirm that my child has none of the above COVID-19 symptoms and that we have answered no to all of the above questions. *


Covid Scrn Date 9/10/2020



Click on next in the bottom left corner of the screen. This will take you to the record that will be submitted.

Initiate Workflow: Confirmation Step 3 of 3

Workflow	Covid Scrn Update
Student	[REDACTED]
Date	9/10/2020



If all is correct, click Finish in the lower right corner.