## USD 415 Board of Education

School District Name: Hiawatha Schools Number: 415

For 2020-21 school year only, a Remote Learning student is a student regularly enrolled in the school district he or she would normally have attended On-Site, but the student is attending remotely (because of concerns related to the COVID-19 pandemic) and curriculum and instruction are prepared, provided and/or supervised by local teachers and staff in the student’s home district.

USD 415 assures to the Kansas State Board of Education it will follow the requirements below to ensure that Remote Learning approximates the student learning experience taking place in the On-Site (brick and mortar) classroom for the 2020-21 school year, including:

1. USD 415 assures Remote Learning Curriculum and Instruction will coincide with each student’s On-Site classroom to ensure that when a Remote Learning student returns to the On-Site classroom that he or she is able to make a seamless transition. In addition, Remote Learning students will be assessed on the same standards and competencies as the On-Site students using each and all progress, academic and social-emotional monitoring assessments as On-Site students.
2. USD 415 assures Remote Learners will have at least one meaningful Daily Connection with a local teacher. In addition, Remote Learning students will have ready access to all local content teachers throughout each week and student questions will be answered within 24 hours during school days, preferably the same school day if possible.
3. USD 415 assures each Remote Learner’s Academic Progress will be monitored daily by local teachers to ensure that when the student is able to return to the On-Site classroom that he or she is able to make a seamless transition.
4. USD 415 assures that timely and relevant Professional Development will be provided to all local educators providing services to Remote Learners.

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| --- | --- | --- | --- | --- | --- |
| Date: | 9/16/20 | USD number: | 415 | Signature: |  |
|  |  |  |  |  | *Superintendent of Schools* |

Parent/Legal Guardian

Whenever USD 415 school district is in a model where students (Pre-K-12) will be working remotely, as the Parent/Legal Guardian of the children listed below:

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| 1. |  |  |
|  | *Print first name.* | *Print last name.* |
| 2. |  |  |
|  | *Print first name.* | *Print last name.* |
| 3. |  |  |
|  | *Print first name.* | *Print last name.* |
| 4. |  |  |
|  | *Print first name.* | *Print last name.* |
| 5. |  |  |
|  | *Print first name.* | *Print last name.* |
| 6. |  |  |
|  | *Print first name.* | *Print last name.* |
| 7. |  |  |
|  | *Print first name.* | *Print last name.* |
| 8. |  |  |
|  | *Print first name.* | *Print last name.* |
| 9. |  |  |
|  | *Print first name.* | *Print last name.* |
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I agree to the following assurances:

1. I understand that my child(ren) may need additional support to complete assigned work, and to the best of our ability, our family will provide the needed support. Additionally, our family will provide supervision during the learning process.
2. I agree that my child(ren) are expected to be available to communicate with teaching staff on a regular basis as outlined by the school district.
3. If a student is unable to participate on any given day (illness or doctor appointment), I will notify the school at HHS 785.742.3312 HMS 785.742.4172 HES 785.742.718 to report absence.

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| --- | --- | --- | --- | --- | --- | --- |
| Parent, guardian or responsible adult’s (please print): | | |  |  | | |
|  | | | *First name.* | *Last name.* | | |
| Parent, guardian or responsible adult’s signature: |  | | | Date: |  | |