

## Change of Student Learning Environment

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Date \_\_\_\_\_

Student is currently in a:

\_\_\_\_\_ Face to Face

\_\_\_\_\_ Remote Learning Environment

And wants to change to a

\_\_\_\_\_ Face to Face

\_\_\_\_\_ Remote Learning Environment

**Meridian ISD can identify students to be discontinued for remote instruction if one or both of the following are true in any class.**

**Student currently has:**

\_\_\_\_\_ class average of 70 or below (or the equivalent) OR

\_\_\_\_\_ 3 or more unexcused absences in a grading period

**MISD will notify parents at least 2 weeks prior to requiring the student to return to campus.**

Parents were notified on \_\_\_\_\_ (date)

via \_\_\_\_\_ (method) by \_\_\_\_\_ (person).

Student is expected to return to a face to face setting on \_\_\_\_\_ (date).

**As a reminder, parents can choose for their students to transition to on-campus instruction at principal discretion.**

Parents may agree to change their child's learning environment to on-campus, or may appeal in one of two ways:

- Submitting a medical exemption. LEAs must provide an opportunity for parents to email this exemption request to the district or campus, along with medical authorization (on back).
- Requesting a transition meeting. If the parent requests a transition meeting, the LEA must schedule the meeting with no less than 3 days notice, and must allow the student to continue to learn remotely until the meeting has been held.

Any decisions regarding discontinuing Remote Learning can be appealed through MISD's FNG local found at [https://policyonline.tasb.org/Policy/Download/192?filename=FNG\(LOCAL\).pdf](https://policyonline.tasb.org/Policy/Download/192?filename=FNG(LOCAL).pdf)

## Medical Certification for COVID-19 High Risk Exemption

Student name: \_\_\_\_\_

Campus: \_\_\_\_\_

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