## REQUEST FOR REMOTE LEARNING FORM

Date:	
Student Name:	Attendance Center:
Parent/Guardian:	
child,(Stu	Guardian) am requesting accommodation for my adent Name) to participate in remote learning opportunities for the v, or until I have determined my child can safely return to traditional tendance center, whichever occurs first.
	n from an Iowa Board of Medicine-licensed medical professional ally necessary due to the vulnerable health condition of my child or of a nome as my child.
learning opportunities may need to be mo-	utmost to accommodate my child's learning needs, but that some diffied in a remote environment. The provision of special education and adividualized education programs (IEPs) or Section 504 plans will be tion 504 team.
attendance will be taken, assessments adm grade average. I understand that any devi	continue to participate in mandatory learning, his/her remote ninistered, and grades will be counted toward my child's cumulative ces, technology, or materials given to my child to facilitate remote d must be returned at the end of the remote learning period.
I am requesting that remote learning oppo  [(date) or the declared put	rtunities begin on (date) and continue until ublic emergency is dismissed].
(Parent/Guardian)	
(Date)	
Request approved by:	(School official)
(Date)	

Note: This form is to be utilized by parents/guardians of a student who, during the course of a declared public emergency, believe that further attendance by the student at traditional in person school would be detrimental to the health or safety of the student or the student's family member residing with the student. This form is <u>not necessary</u> when the school building is closed to traditional in person learning and remote learning opportunities are already available to students. It is only to be utilized during a public emergency declared by state or local officials when traditional in person learning continues to be held.