

**Special Service COVID Response Checklist/Worksheet**

Student:		Program/Site:	
Teacher:		Cohort/Schedule: AM/PM or M/T/W/TH/F	
Date of Notification of Testing Positive for COVID:		Notification Made By:	
Review Scenario Grid: 1 2 3 4 5			
Notes:			
Does the student wear a mask while at school? Yes No Sometimes: (list when)			
Is the student able to maintain physical distancing? Yes No Sometimes (list when)			
Did the student present symptoms at school? Yes or No (Date: _____)		Was Public Health Contacted? Yes or No	
Did the parent report symptoms at home? Yes or No (Date: _____)		By Whom? Date(s):	
Was the student excluded from school: Yes or No (Start Date: _____ to End Date: _____)		Public Health Recommendations/Notes:	
Last day present at school:			
<b>Identification of Close Contact:</b>			
<b>Transportation Contacts:</b> Does the student receive transportation services?  Yes or No  Date(s):	<b>AM Route:</b>  Driver(s):  Student(s):	<b>PM Route:</b>  Driver(s):  Student(s):	
<b>Classroom/Campus Contacts:</b>  <input type="checkbox"/> Review Class attendance <input type="checkbox"/> Review student schedule <input type="checkbox"/> Mainstreamed activities? Class time: Recess/lunch:	<b>Classroom/School Staff:</b>  Teacher:  Instructional Assistant(s):  Related Service Provider(s):  General Education Staff:	<b>Students:</b>  Students in Cohort:  Students at Recess:  General Education Students:	

Identification of Need/Duration of Quarantine(s):	
Students:	Date(s):
Staff:	Date(s):
<i>*Surveillance testing available (where and when)</i>	
Cohort(s):	Date(s):
Other(s)	Date(s):

**Response Planning/Notes:**

Action Needed	By Whom?	When?	Note(s)
Communication to Staff directly impacted			
Communication to families directly impacted			
Communication to Transportation			
Modify Transportation, as needed			
Communication to Site Administration			
Staffing Arrangements/Substitutes			
Modify In-Person/Cohort Schedule			
Direct Communication with families regarding schedule changes			
Set-Up Classroom/Campus Additional Cleaning & Disinfecting			
Communication to District Special Education Representatives			
Communication to Superintendent			
General Staff Communication Follow Up			
General Family Communication Follow Up			
Conformation of Communication with Teacher/Program Administration			
Other(s):			

**Communication Log**

Name:	Phone:
Notes:	

Name:	Phone:
Notes:	

Name:	Phone:
Notes:	

Name:	Phone:
Notes:	

Name:	Phone:
Notes:	

Name:	Phone:
Notes:	

Name:	Phone:
Notes:	