



FURLOW
CHARTER SCHOOL

Remote Learning Services Application

To be completed by the Parent

Student Name: _____
Last First MI

Address: _____

Date of Birth: _____

Male or Female (circle one) Grade: _____

Parent/Guardian: _____
Last First MI

Phone: (H) _____ (W) _____ (C) _____

Do you have a computer/laptop with DSL, high speed, or wireless connection at the instruction location?

Yes No (*circle one*)

Circle the materials you will need Furlow to provide: Chromebook Wireless Internet

(Note: The school is responsible for providing assignments and grades to the student until the student is officially enrolled in the Remote Learning program.)

Student Email Address: _____

Parent Email Address: _____

Furlow Charter School Remote Learning Policies 2021-2022

Eligibility Policies

1. Eligibility for services is based on the Remote Learning Waiver with the State Charter School Commission and Furlow Charter School Governing Board approval of Remote Learning (RL) services, and a medical referral form issued from a licensed physician is required to determine eligibility.
2. The Local Education Agency (LEA) RL services personnel may contact the licensed physician to obtain information needed to determine if my child will be eligible for RL services and provide appropriate instructional delivery.
3. A child must be enrolled in a public school prior to the referral for RL services.
4. RL services are for students confined to the home or hospital due to a medical or psychological condition, which is acute, catastrophic, chronic, or repeated intermittent, which prohibit or severely limit physical attendance at school due to the COVID-19 pandemic for a period of at least nine weeks.
5. Parents will be required to sign an agreement regarding RL services policies and procedures.
6. A child eligible for RL services, may be dismissed from the RL program and may be required to return to school if his or her medical or psychiatric condition(s) improve as documented by a licensed physician.
7. A child who is eligible for RL services, is subject to the same mandatory attendance requirements as other students.



Policies and Procedures

1. A parent, guardian, or an approved adult parent designee as identified in the Educational Service Plan (ESP) shall be present during each entire Google Meet instructional period.
2. A table or a desk in a workspace that is well ventilated, smoke-free, clean, and quiet (i.e., free of radio, TV, pets, and visitors) must be provided.
3. A schedule for student study time between live teacher instructional sessions will be established and the student will be prepared for each session with the teacher.
4. Instructional materials must be obtained from the school, and assignments completed and submitted on time.
5. Assignments will be returned to the regular school teacher for grading if the student is on RL services.
6. A parent, guardian, emancipated minor, student 18 years of age or older, or an approved adult parent designee as identified in the ESP must notify the RL teacher at least 24 hours in advance if an instructional session must be cancelled. The LEA may, at its discretion, reschedule the cancelled session. The RL teacher will notify the parent, guardian, or approved adult parent designee if they need to cancel a session and the session may be rescheduled.
7. The RL teacher, in collaboration with the regular school teacher, shall assign grades for the work completed.
8. The parent/guardian, emancipated minor, or student 18 years of age or older must submit a release form from the licensed physician upon the student’s return to school.
9. To extend RL services beyond the originally identified return to school date, the licensed physician must submit an updated medical referral request form.

Cause for Dismissal

1. If the licensed physician recommends that the student is able to attend school or can no longer participate or benefit from RL services, the student will be removed from the program.
2. If the student is employed in any capacity, goes on vacation, regularly participates in extracurricular activities, or is no longer confined at home, the student will be removed from the program.
3. If the parent, guardian, emancipated minor, student 18 years of age or older or adult parent designee cancels three sessions without 24 hours notice, the student will be removed from the program.
4. If the conditions of the location where RL services are provided are not conducive for instruction the student will be removed from the program.

I have read the Remote Learning services policies for program eligibility and I understand the reasons for possible dismissal from the program. I agree to the policies and eligibility requirements of the program and request Remote Learning services for my child.

Parent/Guardian Printed Name

Parent/Guardian Signature *Date*



Remote Learning Application

Licensed Physician Statement and Medical Referral Form

To be completed by Licensed Physician

Physician Information:

Physician/Advanced Practice Provider Name: _____

Physician/Advanced Practice Provider License #: _____

Address: _____

Phone Number: _____ Fax: _____

Student Information:

Student Name: _____
Last First MI

Address: _____

Date of Birth: _____ Male or Female (circle one)

Parent/Guardian: _____
Last First MI

Phone: (H) _____ (W) _____ (C) _____

Physician's Diagnosis: *(Note: Please include a description of the condition prohibiting or severely limiting physical attendance at school due to the COVID-19 pandemic.)*



Estimated Duration of Remote Learning Services:

Starting Date: _____

Ending Date: _____

Date of Initial Evaluation: _____

Date of Next Scheduled Appointment: _____

Physician's Statement: *(Note: Please answer the following questions keeping in mind that the least restrictive environment is preferred.)*

- Is the student unable to attend school for a minimum of 9 consecutive school weeks?
 - Yes
 - No
- Will the student be able to benefit from an instructional program during this time of confinement? *(Note: You may have to periodically verify that the student remains under your care and continues to qualify for the Remote Learning services program.)*
 - Yes
 - No

- Could the student attend school with accommodations? If so, describe.

Recommendations for Accommodations:

- Could the student attend school regularly and receive Remote Learning services on an intermittent basis as needed?
 - Yes
 - No
- Is the student confined to the home or hospital and full-time Remote Learning services are recommended?
 - Yes
 - No



Treatment and School Reentry Plan:

(Note: The following information is required to determine eligibility for Remote Learning services and must be completed by the licensed physician who is currently treating the student for the diagnosis presented.)

- What is the scheduled frequency of treatment/therapy for this student?
 - Daily
 - Weekly
 - Monthly
- What is the expected duration of the treatment/therapy? _____
- Will the student take medication?
 - Yes
 - No

Medications Student will Take for Diagnosis:

Name of medication	Effects on student's ability to comprehend	Effects on student's ability to complete independent assignments	Effects on student's ability to relate to teachers and other students

- Could this student return to school on an intermittent basis after his or her medication and condition is stabilized?
 - Yes
 - No
- Can this student come into contact with other students?
 - Yes
 - No



The Remote Learning services program is designed to be a temporary educational program to help students who have a medical and/or psychiatric condition prohibiting or severely limiting physical attendance at school due to the COVID-19 pandemic. Please describe your time frame and transitional plan for the student's reentry to school (*attach additional pages as needed*).

Physician's Certification: I certify that this student is under my care and treatment for the aforementioned medical condition. My recommendation has been based on the medical needs of the patient, keeping in mind that the least restrictive environment is preferred.

Physician Printed Name

Physician Signature *Date*

Advanced Practice Provider (on behalf of licensed physician) *Date*

***Note:** The Georgia composite Medical Board provided information on the following statute:
O.C.G.A. 43-34-25, regarding Advanced Practice Providers signing health forms for educational purposes. The law states:
(e.1) Except for death certificates and assigning a percentage of a disability rating, an advanced practice registered nurse may be delegated the authority to sign, certify, and endorse all documents relating to health care provided to a patient within his or her scope of authorized practice, including, but not limited to, documents relating to physical examination forms of all state agencies and verification and evaluation forms of the Department of Human Services, the State Board of Education, local boards or education, the Department of Community Health, and the Department of Corrections.

Note: *The Advanced Practice Provider may only provide this service if the Physician delegates these duties and is in agreement with the diagnosis.*