Looking forward to seeing you in the building!

Please pay CLOSE attention to the information on the following slides.
Check the SIS to identify which Cohort/Group you are in (Cohort A, B, or C)
Do you know which days you go to school?

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cohort A</strong></td>
<td><strong>In-Person Instruction</strong></td>
<td>Virtual Instruction</td>
<td>Virtual Instruction</td>
<td><strong>In-Person Instruction</strong></td>
<td>Virtual Instruction</td>
</tr>
<tr>
<td><strong>Cohort B</strong></td>
<td>Virtual Instruction</td>
<td><strong>In-Person Instruction</strong></td>
<td>Virtual Instruction</td>
<td>Virtual Instruction</td>
<td><strong>In-Person Instruction</strong></td>
</tr>
<tr>
<td><strong>Cohort C</strong></td>
<td>Virtual Instruction</td>
<td>Virtual Instruction</td>
<td>Virtual Instruction</td>
<td>Virtual Instruction</td>
<td>Virtual Instruction</td>
</tr>
</tbody>
</table>
IMPORTANT

● On the **in-person days**, your **parents** must fill a **Health Check** survey on the SIS before you leave for school.

● If parents consistently fail to take the survey, students will be assigned to all virtual.

● Please see instruction on the following slides.
STEP 1: Parents must go to PCSST.ORG and select 7-12 SIS.
STEP 2: Parents must Click on the mobile SIS
STEP 3: Please select the correct school, **PCSST (7-12)**.
STEP 4: Parents enter their username and password

Parents can contact IThelp@pcsst.org if they do not know their username or password.
STEP 5: Parents please click on your child’s name.
STEP 6: Click on the Health Check.
STEP 7: Fill and submit the form

Health Check

This questionnaire is for all hybrid education students and must be completed by each student’s parents only for those days that the student reports to the school.

1. Has your child or anyone in your household had any of the following symptoms in the past 14 days:
   - sore throat,
   - cough,
   - chills,
   - body aches for unknown reasons,
   - shortness of breath for unknown reasons,
   - loss of smell & loss of taste,
   - fever at or greater than 100 degrees Fahrenheit

   [ ] Yes  [ ] No

2. Has your child or anyone in your household tested POSITIVE for COVID-19 in the past 14 days?

   [ ] Yes  [ ] No

3. Has your child traveled to a known 'hotspot' or restricted state in the past 14 days?

   [ ] Yes  [ ] No

4. Do you have any reason to believe that your child or anyone in your household has been exposed to or contracted COVID-19 in the past 14 days?

   [ ] Yes  [ ] No

[Submit]
Parents must complete the health check every day their child attends school in-person.

- https://m.sis.ilearnschools.org/