

Back to School Decision Making Tool

Note: These questions address your views about how your school is preparing for school year 2020-2021. If you answer “unsure” to any items regarding your school’s plan, consider reaching out to your school administrator for more information.

	Does Not Apply	Disagree	Unsure	Agree
I feel comfortable with my school’s reopening plans for reducing risk of spreading COVID-19.	☐	☐	☐	☐
I believe my school has the resources needed to effectively implement their reopening plan (e.g., staffing, supplies, training).	☐	☐	☐	☐
I feel comfortable with my school’s plan if a student or staff member test positive for COVID-19.	☐	☐	☐	☐
I believe my school has a plan to provide an effective program of instruction every day of the regular school week (generally five days).	☐	☐	☐	☐
I am satisfied with how my school communicates with families about the changes it is considering.	☐	☐	☐	☐
I am satisfied with how my school is addressing parents’ or caregivers’ concerns and questions.	☐	☐	☐	☐
My child knows how to properly wear a cloth face covering and understands the importance of doing so.	☐	☐	☐	☐
My child can wear a cloth face covering for an extended period of time, if required by the school.	☐	☐	☐	☐
My child has a reliable mode of transportation to and from school (e.g., school bus, carpool, walk/bike, public transit).	☐	☐	☐	☐
I am comfortable with how my child’s mode of transportation to and from school is reducing the risk of spreading COVID-19 (e.g., decreased bus/transit capacity, wearing masks, increased cleaning and disinfecting practices).	☐	☐	☐	☐



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Virtual/At-Home Learning Feasibility

Note: The questions in this section assess whether virtual learning would be feasible for you and your child.

	Does Not Apply	Disagree	Unsure	Agree
I am able to work while my child is not in school (i.e., can still successfully do my job or I am able to telework.	☐	☐	☐	☐
I have access to reliable internet and a device, such as a computer or tablet, which my child can use for virtual learning.	☐	☐	☐	☐
I can supervise or identify someone who can supervise my child during periods of virtual/at home learning.	☐	☐	☐	☐
My child has a space where I live that is free of distractions during school hours.	☐	☐	☐	☐
My school provides a virtual learning option that allows students to have real-time interactions with their teachers (e.g., have live instruction).	☐	☐	☐	☐
My child's learning style and needs are compatible with digital modes of learning.	☐	☐	☐	☐

Academic and Social-Emotional Wellbeing

My child will be able to keep up academically through virtual/at-home learning.	☐	☐	☐	☐
My child will receive quality education through virtual/at-home learning.	☐	☐	☐	☐
My child will be sufficiently engaged during prolonged periods of virtual/at-home learning.	☐	☐	☐	☐
My child will be able to stay socially connected during prolonged periods of virtual/at-home learning.	☐	☐	☐	☐
If my child needs specialized adaptive communication devices, equipment, or learning aides, I am able to have them where I live.	☐	☐	☐	☐



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School-Based Services

Note: The questions below review some school-based services that your family may be using. You may want to consider whether you have been able to access these services through a virtual/at home learning option, your satisfaction with the services to date, and whether you would prefer to receive these services in school. If your child is at higher risk for severe illness and relies on school-based services that are only available on site, you may want to have additional conversations with your school to address concerns you may have.

	Does Not Apply	Disagree	Unsure	Agree
<i>If your child has an Individualized Education Program (IEP) or other specialized learning or behavior plan...</i> My child is able to receive the required IEP learning accommodations through a virtual/at-home learning option that meets my family's needs.	☐	☐	☐	☐
<i>If your child receives school-based learning services (e.g., tutoring before or after school)...</i> My child is able to receive needed school-based learning services through a virtual/at-home learning option that meets my family's needs.	☐	☐	☐	☐
<i>If your child receives school-based nutrition services (e.g., school breakfast or lunch)...</i> My child has an alternative to the nutrition services provided in schools that adequately meets our family's needs [Your school district's child nutrition website may have this information].¹	☐	☐	☐	☐
<i>If your child receives school-based behavioral services (e.g., social skills training, occupational therapy, speech/language therapy)...</i> My child is able to receive needed behavioral services through a virtual/at-home option that meets my family's needs.	☐	☐	☐	☐
<i>If your child receives school-based emotional or mental health services...</i> My child is able to receive needed emotional or mental health services through a virtual/at-home option that meets my family's needs.	☐	☐	☐	☐
<i>If your child attends after care (including after school clubs and activities) provided by the school...</i> My child has an alternative to the after-care services provided by schools that adequately meets my family's needs.	☐	☐	☐	☐

¹ School meals in some states may still be available to parents with kids for children learning from home, although this may be subject to change. Learn about parent meal pick-up options here: <https://www.fns.usda.gov/meals4kids>

