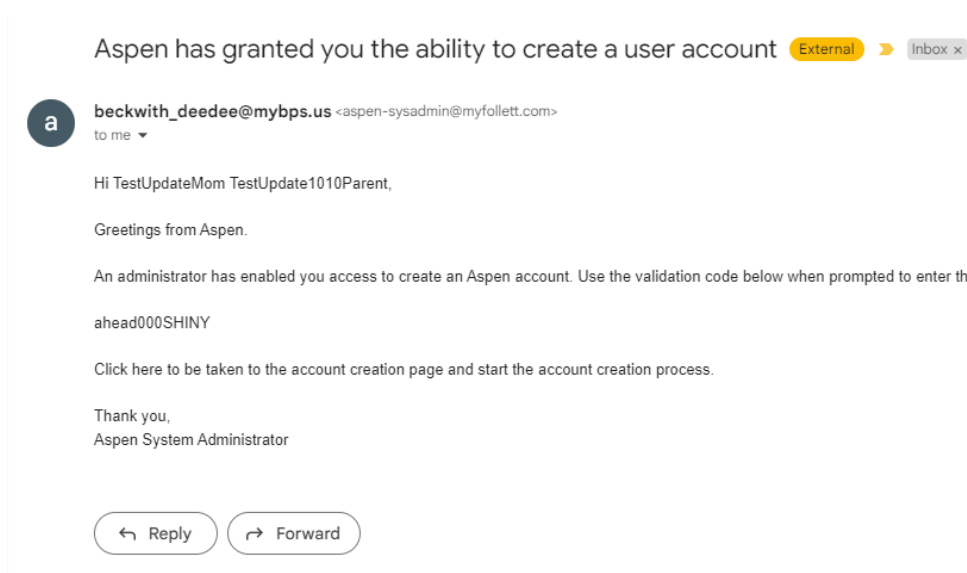


Atualização das informações dos alunos no Aspen

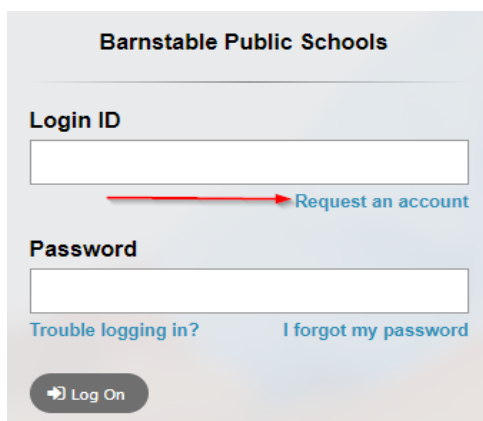
Como criar uma nova conta de pais/responsáveis no Aspen

Se você fizer o login usando as informações do seu aluno, não poderá acessar a matrícula de novos alunos ou a atualização anual. Você precisa ter uma conta de pai/responsável.

- Primeiro, você receberá um e-mail que contém seu código especial. O assunto do e-mail será a primeira linha: 'O Aspen concedeu a você a permissão para criar uma conta de usuário.'
- Aqui está um exemplo do e-mail que você receberá com seu código. O assunto do e-mail será a primeira linha: 'O Aspen concedeu a você a permissão para criar uma conta de usuário.'



- Clique no link do Aspen <https://ma-barnstable.myfollett.com/aspensysadmin> - Selecione Solicitar uma conta:

A screenshot of the Aspen login page for Barnstable Public Schools. The page has a light blue header with the school name. Below the header, there are two input fields: "Login ID" and "Password". A red arrow points to a blue link "Request an account" located below the Login ID field. At the bottom, there are two links: "Trouble logging in?" and "I forgot my password". A "Log On" button is at the very bottom.

- Selecione "Sou um novo pai no Aspen", o que significa que você tem alunos atuais no Aspen, MAS não tem uma conta no Aspen.

Account Type

Please choose one of the available account types below.

I am a parent/guardian registering my child online
Choose this option if you have never created an Aspen SIS account

I am a parent new to Aspen
Choose this option if you already have students enrolled in the system, but do not yet have an Aspen account.

[Click here](#) to have the account validation email resent

Next Step → Close

- Digite o código especial, seu sobrenome e número de telefone. Todos os três campos devem corresponder ao que está no Aspen. Se você receber um erro, tente usar um número de telefone diferente, como o telefone fixo.

Validation Information

These fields uniquely identify you within Aspen. The system will link up your information already in the system. The data must match 100% to continue.

Security code * ahead000SHINY

Last name * TestUpdate1010Parent

Phone 1 *

← Previous Step Next Step →

- Nessa etapa, você pode corrigir o número de telefone.

Create Your Aspen Account

Please review the existing information below. For fields which can be updated, please change the information if it is incorrect.

First name	TestUpdateMom
Last name	TestUpdate1010Parent
Address line 1	
Address line 2	
City (DOE14)	
State/province	
Postal code	
Phone 1 *	

← Previous Step Next Step → ✕ Close

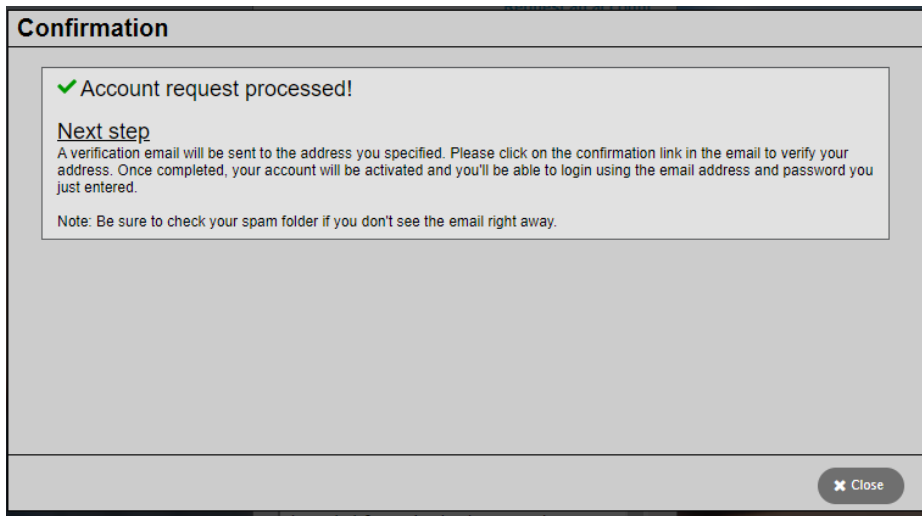
- Preencha as informações de sua nova conta. Seu e-mail principal se tornará seu login do Aspen e ANOTE sua nova senha. Não teremos acesso à sua senha no Aspen. Escolha sua pergunta e resposta de segurança - você precisará dessas informações para recuperar sua senha, se necessário.
 - Clique no link Requisitos para ver os requisitos de senha. Se você não atender aos requisitos, receberá uma mensagem de erro. Há várias perguntas de segurança para escolher no menu de opções.

Account Information

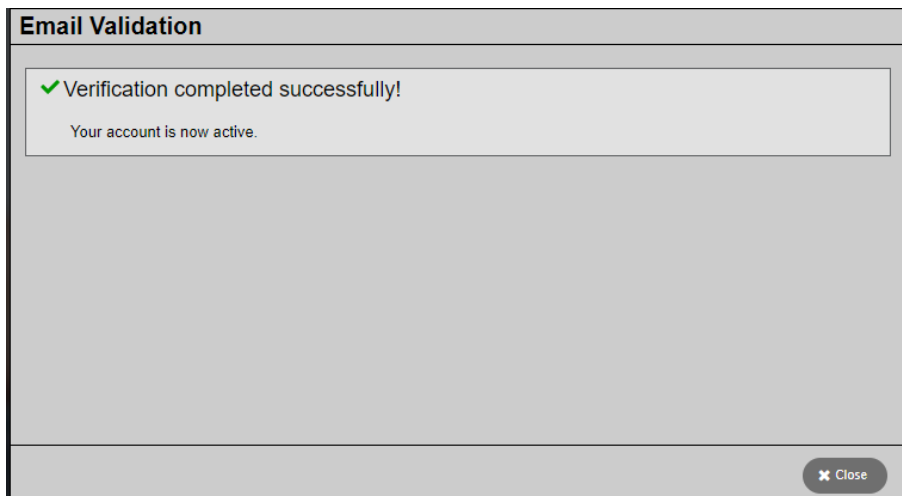
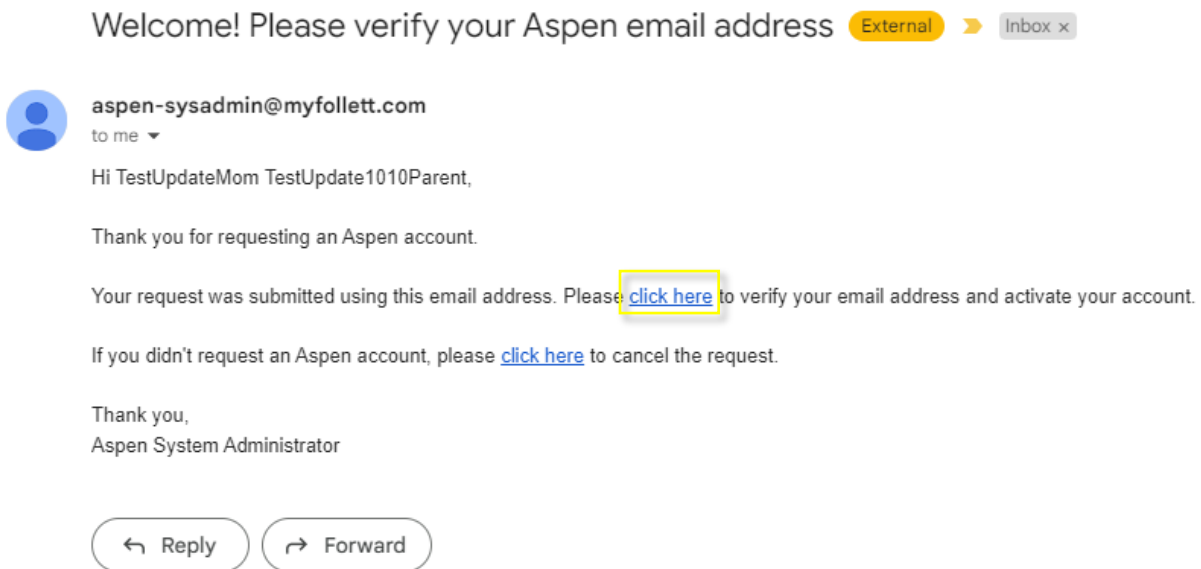
Please fill in your user account information below.

Primary email *	
Confirm email *	
Password * Requirements
Confirm Password *
Security question *	What is your mother's maiden name? ▾
Security answer *
Confirm answer *

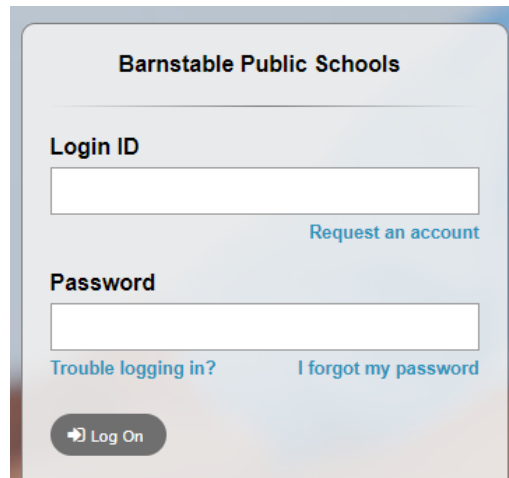
← Previous Step Create My Account ✕ Close



- Você receberá um e-mail de verificação do Aspen para concluir o processo da nova conta. O assunto do e-mail será "Bem-vindo! Por favor, verifique seu endereço de e-mail do Aspen".



- Tudo pronto - Volte para o Aspen e faça o login com suas novas credenciais. Login: seu endereço de e-mail e senha são os que você acabou de criar.



The image shows a login interface for Barnstable Public Schools. At the top, the text "Barnstable Public Schools" is centered. Below this, there is a "Login ID" label followed by a white text input field. To the right of the input field is a blue link that says "Request an account". Below the input field is a "Password" label followed by another white text input field. Below the password input field are two blue links: "Trouble logging in?" and "I forgot my password". At the bottom of the form is a dark grey button with a white right-pointing arrow and the text "Log On".

Atualizando as informações de seu(s) aluno(s)

- Depois de fazer login no Aspen com sua conta de pai/responsável, é assim que sua tela deve ficar. Você está pronto para iniciar a Atualização Anual do(s) seu(s) aluno(s). Clique em Iniciar:

Barnstable Public Schools 2023-2024

Pages Family Academics Groups Calendar

Home

Page Directory

Calendar

October 2023

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Published Reports

Filename	DateUploaded	Creator	Description
BHS Progress Report	24 KB 10/10/2023 2:09 PM	BHS, Email BHS Progress Reports	TestCase52, Test [1 - 1 of 1]

Annual Update

Start a new Annual Update process

+ Initiate...

Resume working on any Annual Update process that has already been started

Name	WorkflowPhase	Actions
TestCase52, Test	Not Submitted	✓ ✗
TestCase52, Test	Accepted	

New Student Registration

Start a new New Student Registration

+ Initiate...

- Escolha o aluno que deseja atualizar - se você tiver mais de um aluno, todos eles deverão aparecer na próxima tela.

1 record

Name	YOG	Homeroom
TestUpdate1010, TestUpdate	2033	

OK Cancel

Se você tiver vários alunos, precisará enviar a atualização anual separadamente para cada aluno.

- Siga as instruções com muito cuidado. Você trabalhará nas ABAS que estão destacadas em VERMELHO. Não é necessário concluir toda a atualização de uma só vez, você sempre pode voltar e terminar o processo - suas alterações serão salvas sempre que você clicar no botão Próximo ou Salvar e Fechar.

← Previous Save & Close Next → × Cancel

Student Family/Contacts Health Additional Info Documents Submit

Instructions

Welcome to Barnstable Public Schools Annual Update process. This process is used to update student information such as contact, address and medical chair information on your student(s). Please pay particular attention to phone number and email address as those are the primary means of communication for our schools.

You must be the primary guardian that the student resides with in order to make any student changes. If you need to change the primary guardian, documentation to your student's school.

Please complete each of the tabs and then click Submit when finished. You can click on each question or tab. Fields shaded gray are read-only; you cannot type in them. A Save & Close, Previous and Next button are at the bottom of each page. Data will be saved when you click any of the buttons. If you need to stop the process, click Save & Close.

When you have reviewed or completed all of the data on the tab, please select 'Yes' on the question at the bottom of the page "Reviewed all fields."

Student Information

Student Name TestUpdate1010, TestUpdate (If you need to change your child's name, please contact the school and provide the necessary documentation)

Date of birth 7/10/2015 Age 8

Grade Level 03

Local ID 171737

Address Information

- Na parte inferior de cada página, você será solicitado a selecionar Sim, afirmando que revisou os dados em cada página.

Phone Information

Enter the primary phone number (e.g., home). Contact numbers will be entered in the following order:

Phone 1 (home/cell)

Phone 2 (home/cell)

Housing / Residence

The McKinney-Vento Act is a federal law guaranteeing all children and youth Protection under the McKinney-Vento Act extends to those who lack a fixed, permanent, adequate housing. For more information, please click [here](#)

Is your current address a temporary living arrangement?

Where is the student presently living?

Reviewed all fields * **Yes**

← Previous Save & Close Next → × Cancel

- Aba Família/Contatos - você pode atualizar suas próprias informações e campos limitados de outros contatos clicando no número destacado à esquerda do seu nome. Se precisar excluir ou atualizar mais informações sobre outros contatos, será necessário ligar para a escola dos seus alunos.

← Previous Save & Close Next → ✕ Cancel

Student **Family/Contacts** Health Additional Info Documents Submit

Parent/Guardian/Other Contact

Click on the number to the left of your name to complete your own record(s), then select **Add** to add any additional contacts for the student.

Only 1 person per contact number

#	First Name	Last Name	Relationship
No matching records			

#	First Name	Last Name	Relationship
1	TestUpdateMom	TestUpdate1010Parent	Mother
2	TestDad	Beckwith	Father

+ Add

Legal Information

Has any of the legal information below changed? * No ▼

Is there a protection order/restraining order in effect for this student? * No ▼

Is there a legal custody agreement, divorce decree with custody arrangements, or a caregiver affidavit in place for this student? * No ▼

If you answered Yes to either of the questions above, you are required to submit copies of these documents to the school. Provide a brief summary here if you choose.

Reviewed all fields * Yes ▼

← Previous Save & Close Next → ✕ Cancel

- Aba Saúde - Atualize todas as informações. Será necessário escolher algo ou NENHUM/Nenhuma condição médica para relatar nas seções Medicamentos e Histórico médico.

The screenshot shows a web form with two main sections: "Medications and Allergies" and "Medical Authorizations".

Medications and Allergies:

- Question: "Have there been any changes to the medications/allergies section?" with a "No" dropdown.
- Question: "Does your child take any daily medications at home?" with a "No" dropdown.
- Text: "If yes, please list (include dosage and how often)" followed by a text input field.
- Question: "Will your child need to take any medications at school?" with a "No" dropdown.
- Text: "If yes, please list. (medication consent forms need to be signed by parent and health care provider to be given at school) <https://www.barnstable.ma.gov/...>" followed by a text input field.

Medical Authorizations:

- Question: "Have there been any changes to the medical authorizations section?" with a "No" dropdown.
- Text: "Over the Counter Medications - I give permission for the school nurse(s) to administer the following medication(s) at school according to the Physician Consultant. I understand that I may review the written OTC protocols at any time and can call my child's school nurse for more information."
- Text: "Please check off the medication(s) you consent to have the school nurses administer to your child at school:"
- Section: "Medications" with a list of checkboxes and a "C" button.
- Text: "Please type your name" followed by a text input field.
- Text: "Notification of Emergency Treatment/Transport (If, in the judgment of the school nurse, principal, assistant/associate principal, or administrator, your child needs prompt medical treatment child will be transported to the nearest hospital via emergency medical services.)"
- Text: "Please type your name" followed by a text input field.

Dropdown Menu:

The dropdown menu is open, showing a list of medications with checkboxes and a "State" column. A red arrow points to the "OK" button at the bottom of the menu.

Code	Description	State
<input type="checkbox"/>	Acetaminophen ex. Tylenol	Acetaminophen (ex. Tylenol)
<input type="checkbox"/>	Antacids ex. Tums	Antacids (ex. Tums)
<input type="checkbox"/>	Antibiotic ointment ex. bacitracin	Antibiotic ointment (ex. bacitracin)
<input type="checkbox"/>	Eye wash	Eye wash
<input type="checkbox"/>	Hydrocortisone cream	Hydrocortisone cream
<input type="checkbox"/>	Ibuprofen ex. Advil or Motrin	Ibuprofen (ex. Advil, Motrin)
<input type="checkbox"/>	Itch relief lotion/cream ex. Caladryl clear	Itch relief lotion/cream (ex. Caladryl clear)
<input type="checkbox"/>	Skin/wound cleaner ex. Bandaid antiseptic wash	Skin/wound cleaner (ex. Bandaid antiseptic wash)
<input type="checkbox"/>	Vaseline/lip balm	Vaseline/lip balm
<input type="checkbox"/>	None	None

The screenshot shows two sections: "Health Insurance" and "Medical History".

Health Insurance:

- Section: "Health Insurance"
- Text: "Is your child covered by health insurance?"
- Form: "Insurance type" dropdown menu with "None" selected, and "Insurance name" text input field.
- Text: "MassHealth provides health benefits and help paying for them to qualifying children, families, seniors, and people with disabilities living in Massachusetts. For more information click here: <https://www.mass.gov/information-for-masshealth-applicants>"

Medical History:

- Section: "Medical History"
- Text: "Have there been any changes to the medical history section?" with a "No" dropdown.
- Text: "Click on the magnifier and check all that apply. If the student has no medical needs, please select 'No medical conditions to report' on the last page of choices."
- Form: A search bar with a magnifying glass icon and a red "X" icon, highlighted with a red box.
- Text: "Please elaborate on any/all conditions checked off above:" followed by a text input field.

- Leia atentamente as Condições Médicas. Use a seta para a direita para ir para a próxima página.

<input type="checkbox"/>	Code	Description
<input type="checkbox"/>	Abnormal spinal ex.curvature scoliosis, etc.	Abnormal spinal curvature (scoliosis, etc.)
<input type="checkbox"/>	ADHD/ADD	ADHD/ADD
<input type="checkbox"/>	Allergies - Animal	Allergies - Animal
<input type="checkbox"/>	Allergies - Environmental	Allergies - Environmental
<input type="checkbox"/>	Allergies - Food	Allergies - Food
<input type="checkbox"/>	Allergies - Insect	Allergies - Insect
<input type="checkbox"/>	Allergies - Medication	Allergies - Medication
<input type="checkbox"/>	Any medical devices/technology used?	Any medical devices/technology used? (wheelchair, insulin pun
<input type="checkbox"/>	Any other pertinent medical information/conditions	Any other pertinent medical information/conditions that may im
<input type="checkbox"/>	Asthma	Asthma

- A opção ‘Nenhuma condição médica a ser relatada’ está na última página.

<input type="checkbox"/>	Code	Description	State
<input type="checkbox"/>	Oral issues	Oral issues (dental infections, tooth pain, orthodontia, etc.)	
<input type="checkbox"/>	Painful menstrual cramps	Painful menstrual cramps	
<input type="checkbox"/>	Seizures/Epilepsy	Seizures/Epilepsy	
<input type="checkbox"/>	Skin conditions ex.eczema, etc.	Skin conditions (eczema, etc.)	
<input type="checkbox"/>	Surgery	Surgery	
<input type="checkbox"/>	Urinary incontinence	Urinary incontinence	
<input checked="" type="checkbox"/>	No medical conditions to report	No medical conditions to report	

- Você deve escolher SIM nos Acordos/Consentimento Adicionais para poder Enviar. Por favor, leia o manual e a política de uso aceitável se você não estiver familiarizado com o conteúdo de qualquer um dos documentos.

Additional Agreements / Consent

Indicate your agreement with or permission for each of the following

Allow use of Internet *

Agree to Student Handbook *
Please review the BPS District Handbook and the Individual School's Handbook for the school your child will be attending: <https://www.barnstable.k12.ma.us/domain/924>
I have read the contents of the Student Handbook and understand the statements, rules and regulations contained herein.

Agree to Technology Acceptable Use Policy *
Please review the policies located here: <https://www.barnstable.k12.ma.us/Page/705>
I have read the contents of the Technology Acceptable Use Policy and understand the statements, rules and regulations contained herein.

Please Note: For families that qualify and participate in the National School Lunch Program, Comcast's IT ESSENTIALS provides a low-cost Internet service, discounted computer equipment and free digital literacy training to families with at least one child eligible for free and reduced lunch.
Find more information and apply here. <https://internetessentials.com/>

- Clique em Enviar para finalizar

← Previous Save & Close Next → Submit Cancel

Student Family/Contacts Health Additional Info Documents **Submit**

Click each tab and review the information. When all information is accurate and complete, click Submit.

Required documentation is listed below. If the situations do not apply to you, click Submit.

Residency Requirement: Your child must live in the town of Barnstable to attend the Barnstable Public Schools. If your child is no longer living in the town of Barnstable please contact the school.

Proof of protection order/restraining order.custody agreement/divorce decree/other legal documentation - you must have these documents.

← Previous Save & Close Next → **Submit** Cancel

- Se você não tiver concluído algo corretamente em qualquer uma das abas, receberá esta caixa de erro VERMELHA informando o que está faltando.

← Previous Save & Close Next → Submit Cancel

Student Family/Contacts Health Additional Info Documents **Submit**

Click each tab and review the information. When all information is accurate and complete, click Submit.

Required documentation is listed below. If the situations do not apply to you, click Submit.

Residency Requirement: Your child must live in the town of Barnstable to attend the Barnstable Public Schools. If your child is no longer living in the town of Barnstable please contact the school.

Proof of protection order/restraining order.custody agreement/divorce decree/other legal documentation - you must have these documents.

← Previous Save & Close Next → Submit Cancel

Value required for field "Agreement with Technology Acceptable Use Policy".

Value required for field "Agreement with Student Handbook".

Value required for field "Allow use of Internet".

- Após o envio, o assistente administrativo (AA) da escola analisará as informações.
 - Se não houver dúvidas sobre as informações ou a residência, o AA aceitará a atualização e você verá uma alteração de status no portal da família para Aceito.

Annual Update

Start a new Annual Update process

+ Initiate...

Resume working on any Annual Update process that has already been started

Name	WorkflowPhase	Actions
Teststudentml17, testml17	Accepted	

- Se algo estiver faltando, o AA rejeitará a atualização e você notará uma mudança de status no portal da família para Negado. O AA entrará em contato com você.

Annual Update

Start a new Annual Update process

+ Initiate...

Resume working on any Annual Update process that has already been started

Name	WorkflowPhase	Actions
Teststudentml17, testml17	Deny	

Use esse processo sempre que precisar alterar as informações de seu(s) aluno(s). Abaixo está um exemplo de um pai/responsável que preenche a Atualização Anual várias vezes ao longo do ano.

Annual Update

Start a new Annual Update process

+ Initiate...

Resume working on any Annual Update process that has already been started

Name	WorkflowPhase	Actions
Teststudentml17, testml17	Accepted	
Teststudentml17, testml17	Accepted	
Teststudentml17, testml17	Accepted	

A atualização anual será desativada no verão para que a equipe possa se preparar para o próximo ano letivo. As escolas enviarão um comunicado quando estiver disponível no início do novo ano letivo.