

State of Hawai'i
DEPARTMENT OF EDUCATION
DISTANCE LEARNING OPT-IN FORM

STUDENT _____ Student I.D. No. _____
Last First Middle

Address _____ Phone _____

School _____ Complex Area _____ Grade _____

Because of health and safety concerns related to the COVID-19 pandemic, I hereby request that the above named child participate in Distance Learning during the 4th quarter of school year 2020-21.

Distance Learning Expectations:

1. I will follow the school's learning plan for my child.
2. I will work with the school to obtain technology needed for online learning.
3. If the school requests, I will arrange to pick up and drop off work and resources.
4. I commit my child to distance learning for the amount of time as indicated above.
5. I will be responsible to ensure my child is following the school schedule and logging into daily lessons.
6. I will ensure my child meets all timelines for turning in work.
7. I will work with the school to ensure my child is available for any required assessments, as needed by the school.
8. I understand that if my child is a child with a disability, when the school environment is determined by my child's IEP to be the least restrictive environment (LRE) for learning for my child, by choosing distance learning in the home environment, I fully understand that the school may not be able to fully implement my child's IEP and/or my child's LRE. Under the circumstances, an Alternative Learning Plan will be developed for the home environment.
9. I understand that schools will provide for the English Language development supports necessary to serve students who are identified as English Learners to equitably access school.

By signing this form, I acknowledge that opting into distance learning is voluntary and I hereby agree to abide by the expectations listed above.

Father/Guardian _____
(print or type name) Signature Date

Mother/Guardian _____
(print or type name) Signature Date