

Request for Total Virtual Learning for School Year 2020-2021

Request Date	Requester
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Reason for Request

Describe in detail the reason for request. Be as specific as possible.

Caregiver/Home Information

Name of Caregiver: _____

Who will supervise: _____

Is there adequate learning space: YES NO **DEVICE:** YES NO **WIFI:** YES NO

How many students are in the home: _____

GRADE LEVEL	GRADE LEVEL	GRADE LEVEL	GRADE LEVEL	GRADE LEVEL	GRADE LEVEL
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Please describe the supervision plan; be as specific as possible.

Student Information

Student Name: _____ SACWIS Person ID: _____

DOB: _____ Grade: _____ School District: _____

School Name: _____ **IEP/504** YES NO

Worker of Record: _____ EXT: _____ **CUSTODY STATUS:** _____

Student's performance last year: Fail: Pass:

Please list any concerns, e.g., disciplinary, detention, in/out school suspension, school removal, tardy or non-attendance: