

# Learner Risk Assessment

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Sample from ACSI



# Learner Risk Assessment

Sample

## COVID-19 – QUESTIONNAIRE

| Personal Details   |  |
|--|--|
| Full Name of Child   |  |
| Grade<br>Name of Teacher   |  |
| Date of Birth  |  |
| Home Address   |  |
| Mother occupation<br>(replace with guardian if applicable)             |  |
| Mother contact details   |  |
| Father occupation  |  |
| Father contact details   |  |
| Names and ages of siblings and/or family members residing in the home. |  |
| other  |  |
|  |  |

| Health Related Questions.   | YES | NO |
|---|-----|----|
| Does your child or any member of your household presently have any of the following symptoms: fever, dry cough, fatigue, coughing up slime, shortness of breath, sore throat, headache, muscle or joint pain and body chills? |     |    |
| During the past 21 days has your child or any member of your household been in contact with anyone who has been diagnosed with COVID-19?  |     |    |
| Does your child have any chronic medical condition such as diabetes, heart disease or any respiratory conditions?<br>If YES, please specify:  |     |    |
| Would you consider your child to be vulnerable outside your home?<br>If Yes, please motivate:   |     |    |
| Do members of your family, who reside with you, work in a potentially 'high risk' environment? This may include the use of public transport.<br>If yes, please specify:   |     |    |

|   |             |          |  |  |
|---|-------------|----------|--|--|
| Please classify your child in the following RISK CATEGORY |             |          |  |  |
| HIGH RISK   | MEDIUM RISK | LOW RISK |  |  |

| General Questions  |  |
|--|--|
| Please indicate the mode of transport to school.<br>Please specify what precautions you will take if your child uses any means of transport other than a direct family member. |  |
|  |  |
| other  |  |

### Parent Commitment.

On signing this document, I /we commit to the following:

1. To inform the School of any additional and/or private health-related conditions that are not mentioned in this questionnaire, which may be relevant to the safety of all members of the school community.
2. To immediately notify the Principal if any member of our household experiences any of the symptoms of COVID-19 infection or if any person with whom I/we or any member of our household has had contact within 21 days before such diagnosis is diagnosed with COVID-19 infection, I/we will not come to the school but will notify the School immediately, submit to a test for COVID-19 and will not return my child to the School until he/she has tested negative for COVID-19.
3. To inform the School of any future health conditions that may relate to your child's vulnerability.
4. To keep our family informed as to the state, provincial and school policies and protocols expected of us as our child returns to school. I/we commit to participate in all required training sessions and will endeavour to obey all protocols listed in policy documents, supporting the school's efforts to provide a safe environment for the community.
5. To enforce all the required good hygiene practices at home and in public, assisting the school in developing these habits. We will ensure that our child wears his/her mask at all times outside the home and that all personal items are sanitized and washed daily as prescribed.
6. I/we will support the necessary teaching and learning changes/additions that are put in place by the school in support of the best educational practice at this time.
7. I/we will consider the safety of all the children, staff and parents as a priority.

.....  
SIGNED PARENTS / GAURDIAN  
(Both parents to sign)

.....  
DATE