

ATTESTATION USING SKYWARD FAMILY ACCESS

<p>Login to Skyward</p> <p>(If you forgot your username and password click on the "Forgot your Login/Password?" link on the Skyward login page. Enter your email address when prompted and you will receive an email with your login (username) and a link to reset your password.)</p>	
<p>Skyward Login Page</p> <p>Respond Yes or No to the two Wellness Screening Questions for each of your students then click Save.</p>	<p>Wellness Screening</p> <p>Thu Apr 15, 2021</p> <p>1. In the last 24 hours, have you experienced any of the following symptoms?</p> <ul style="list-style-type: none"> • Fever of 100.4 or above • Cough • Shortness of Breath or Difficulty Breathing • Chills • Loss of Taste or Smell • Fatigue* • Muscle Pain or Body Aches* • Headache* • Sore Throat* • Congestion or Runny Nose* • Nausea or vomiting* • Diarrhea* <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>2. Are any of the following true?</p> <ol style="list-style-type: none"> 1. Has your student been in close contact with anyone with confirmed COVID-19? Close contact includes; been within 6 feet of a person with COVID 19 for a combined total of 15 mins or more within a 24 hour period; OR live in the same household as a person with COVID-19; OR cared for a person with COVID-19; OR been in direct contact with saliva or other body secretions from a person with COVID-19. 2. Does anyone in your household have COVID-19 like symptoms &/or is anyone in your household being tested for COVID-19? 3. Has your student had a positive COVID-19 test for active virus in the past 10 days? 4. Within the past 14 days, has a public health or medical professional told your student to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19? <p>If you answer YES to any of these questions, stay home and contact your school.</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Save</p>
<p>A green check mark means your student can come to school today.</p>	 <p>Based on your responses, you can come to school today.</p>
<p>A red alert means your student is experiencing symptoms or has been in close contact with someone with a suspected illness. Your student should stay home today.</p>	<p>Wellness Screening</p> <p>Mon Apr 5, 2021</p>  <p>You are experiencing symptoms of an illness or have been in close contact with someone with a suspected illness. Stay home today. You or your guardian will receive a follow up via phone.</p>
<p>Alternatively, if you have a phone, you can use the Skyward mobile app to access the Wellness Screening questions.</p>	

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<p>A guardian must first download the Skyward Mobile App. There are directions on how to download the app here: https://www.lwsd.org/help/skyward-family-access</p>	
<p>Select your student. Scroll down the screen until you find the Wellness Screenings section. Tap on Today's Screening.</p>	<p>Wellness Screenings</p> <p>Today's Screening</p>
<p>Respond Yes or No to the two Wellness Screening Questions then tap Submit.</p> <p>If you have more than one student, tap the name of your student at the top of the page and select another student.</p> <p>Respond to the Wellness Screening Questions.</p> <p>Repeat until you've submitted responses for all your students.</p>	<p>Wellness Screening</p> <p>1. In the last 24 hours, have you experienced any of the following symptoms?</p> <ul style="list-style-type: none"> • Fever of 100.4 or above • Cough • Shortness of Breath or Difficulty Breathing • Chills • Loss of Taste or Smell • Fatigue* • Muscle Pain or Body Aches* • Headache* • Sore Throat* • Congestion or Runny Nose* • Nausea or vomiting* • Diarrhea* <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>2. Are any of the following true?</p> <p>1. Has your student been in close contact with anyone with confirmed COVID-19? Close contact includes; been within 6 feet of a person with COVID 19 for a combined total of 15 mins or more within a 24 hour period; OR live in the same household as a person with COVID-19; OR cared for a person with COVID-19; OR been in direct contact with saliva or other body secretions from a person with COVID-19.</p>
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