

Name: _____ Zone: _____

	Attendance	Classwork	Testing & Quizzes	Homework & Make-up work
Zone 1	<input type="checkbox"/> No school for the first 24 hours	<input type="checkbox"/> No classwork	<input type="checkbox"/> No testing	<input type="checkbox"/> No homework or make-up work
Zone 2	<input type="checkbox"/> Partial or half school days <input type="checkbox"/> Frequent breaks during the day <input type="checkbox"/> May benefit from being able to go to the nurse's office for quiet time <input type="checkbox"/> No computer classes <input type="checkbox"/> No recess <input type="checkbox"/> No gym (includes written work) <input type="checkbox"/> No music/band/chorus <input type="checkbox"/> No shop <input type="checkbox"/> No lunch in the cafeteria	<input type="checkbox"/> Preferential seating <input type="checkbox"/> Can sit in class and listen <input type="checkbox"/> No active participation <input type="checkbox"/> No notetaking <input type="checkbox"/> Pre-printed notes/peer note-taking <input type="checkbox"/> Limited screen time in class <input type="checkbox"/> No screen time in class <input type="checkbox"/> Written and verbal instructions <input type="checkbox"/> Blue, light-blocking glasses in class	<input type="checkbox"/> Customized make-up plan for classwork <input type="checkbox"/> No testing	<input type="checkbox"/> Minimum criteria to demonstrate knowledge <input type="checkbox"/> Focus on essential assignments only <input type="checkbox"/> No homework <input type="checkbox"/> No make-up work
	<input type="checkbox"/> Full days of school <input type="checkbox"/> Frequent breaks during the day <input type="checkbox"/> May benefit from being able to go to the nurse's office for quiet time <input type="checkbox"/> No computer classes <input type="checkbox"/> No recess <input type="checkbox"/> No gym (includes written work) <input type="checkbox"/> Shop classes as tolerated <input type="checkbox"/> Music/band/chorus as tolerated <input type="checkbox"/> Lunch in cafeteria as tolerated	<input type="checkbox"/> Participate in class as tolerated <input type="checkbox"/> Listening and discussion ONLY <input type="checkbox"/> Limited reading <input type="checkbox"/> Notetaking as tolerated <input type="checkbox"/> Limited screen time in class <input type="checkbox"/> Tutor or 1-on-1 instruction <input type="checkbox"/> Blue, light-blocking glasses in class	<input type="checkbox"/> No more than one test every other day (across all subjects) <input type="checkbox"/> Customized testing schedule <input type="checkbox"/> Only current topics on tests <input type="checkbox"/> Extended time or multiple trials <input type="checkbox"/> Quiet room for testing <input type="checkbox"/> Modified tests	<input type="checkbox"/> Focus on essential assignments <input type="checkbox"/> Extra time for assignments <input type="checkbox"/> Modified assignments <input type="checkbox"/> Can do classwork at home
	<input type="checkbox"/> Full days of school <input type="checkbox"/> Occasional breaks during the day <input type="checkbox"/> Computer class as tolerated <input type="checkbox"/> Walking or non-impact activity in gym <input type="checkbox"/> Walking or non-impact activity at recess	<input type="checkbox"/> Able to participate in class <input type="checkbox"/> May take notes <input type="checkbox"/> Screen time as tolerated <input type="checkbox"/> Reading as tolerated	<input type="checkbox"/> No more than 1 test or quiz per day (across all subjects) <input type="checkbox"/> Regular testing as tolerated	<input type="checkbox"/> Regular homework assignments <input type="checkbox"/> Make-up work (essential assignments)
Zone 3	<input type="checkbox"/> Full class schedule <input type="checkbox"/> Return to gym class when cleared by healthcare provider	<input type="checkbox"/> Participate fully in class (notetaking, reading, screen time)	<input type="checkbox"/> Normal testing/quiz schedule	<input type="checkbox"/> Regular homework assignments <input type="checkbox"/> Make up work (all)

