**If Student is a Close Contact:**

1. Was the close contact someone in the home or outside the home?
	1. If outside of the home, when was the exposure date?
	2. If in the home: Is the household member experiencing symptoms?
		1. If so, what date did symptoms begin?
		2. What date was the household member tested?
		3. Is anyone else in the household having symptoms or getting tested? (Any additional positive cases within the household will change quarantine end date)
2. Is the student experiencing any symptoms?
	1. If so, when did they start?
3. Has the student been tested or is the student planning on getting tested?
4. Has the student been on campus?
	1. When was the last date they were on campus?
	2. Are they in athletics or other activities?
	3. Do they ride the bus?
5. Are there any siblings who attend school in the district?
6. Are there staff who also have been exposed?
7. Can we help you with access to any resources such as food or COVID related financial assistance?

**If Student is Positive:**

1. Is the student experiencing any symptoms?
	1. If so, what are the symptoms?
	2. What date did those symptoms start?
2. When was the student tested?
3. Where was the student tested?
4. Has the student been on campus?
	1. When was the last date they were on campus?
	2. Are they in athletics or other activities?
	3. Do they ride the bus?
	4. Are there any other potential students/staff who were exposed?
5. Are there any siblings who attend school in the district/staff who also live in the household?
6. Can we help you with access to any resources such as food or COVID related financial assistance?

**If Student is Ill (no test):**

1. Is the student experiencing any symptoms?
	1. Are they primary COVID symptoms?
	2. Are there other COVID symptoms?
	3. What date did the symptoms begin?
2. Is a household member experiencing symptoms?
	1. Are they primary COVID symptoms?
	2. Are there other COVID symptoms?
	3. What date did the symptoms begin?
3. Is the ill person(s) going to get tested?
	1. If so, when?
	2. Where do they plan to get tested?
	3. Do you need assistance in arranging for a test?
4. Has the ill person or any other household member been exposed to anyone who has tested positive for COVID or tested positive themselves?
5. Has the student been on campus?
	1. When was the last date they were on campus?
	2. Are they in athletics or other activities?
	3. Do they ride the bus?