



TO: Dr. Charles Johns
FROM: Rosanne Williamson
RE: FOIA Requests

FOIA Response:

Please see the attached email response. Responsive documents can be found online at <http://il.glenbrook.schoolboard.net/board>. (Responsive documents will not be attached to the all documents pdf, but can be found under the FOIA agenda item.)

Background:

The Freedom of Information Act (FOIA - 5 ILCS 140/1 et seq.) is a state statute that provides the public the right to access government documents and records. A person can ask a public body for a copy of its records on a specific subject and the public body must provide those records, unless there is an exemption in the statute that protects those records from disclosure (for example: records containing information concerning student records or personal privacy).

A public body must respond to a FOIA request within 5 business days after the public body receives the request or 21 business days if the request is for commercial purpose. That time period may be extended for an additional 5 business days from the date of the original due date if:

- The requested information is stored at a different location;
- The request requires the collection of a substantial number of documents;
- The request requires an extensive search;
- The requested records have not been located and require additional effort to find;
- The requested records need to be reviewed by staff who can determine whether they are exempt from FOIA;
- The requested records cannot be produced without unduly burdening the public body or interfering with its operations; or
- The request requires the public body to consult with another public body who has substantial interest in the subject matter of the request.

If additional time is needed, the public body must notify the requester in writing within 5 business days after the receipt of the request of the statutory reasons for the extension and when the requested information will be produced.



Rosanne Marie Williamson <rwilliamson@glenbrook225.org>

10.16.20 Kamensky FOIA Re: 09.30.20 FOIA REQUEST Kamensky

1 message

Rosanne Marie Williamson <rwilliamson@glenbrook225.org>

Tue, Oct 20, 2020 at 2:29 PM

To: Rob <misc@netmkt.com>

Bcc: Elaine Geallis <egeallis@glenbrook225.org>, James Petrungaro <jpetrungaro@edlawyer.com>, Brad Swanson <bswanson@glenbrook225.org>, Charles Johns <cjohns@glenbrook225.org>

Dear Mr. Kamensky,

Thank you for writing to Glenbrook High School District 225 with your request for information pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq. (Act).

On 10/16/20 we received your request for the following information:

- Copies of the blank form of the three accommodation request forms (employee medical, consideration of Family Members, and Child Care Need).

District Response: Please see attached.

- Copies of Child Care Need accommodation request forms made on or after July 15, 2020.
- Copies of Consideration of Family Members accommodation request forms made on or after July 15, 2020.

District Response: Please see attached. Per our phone conversation on Monday, October 19, 2020, you indicated information presented in spreadsheet form was acceptable rather than the District having to redact all private information on individual educator accommodation request forms.

- Copies of employee medical accommodation request forms made on or after July 15, 2020. Please redact protected health information.

District Response: Please see attached. Per our phone conversation on Monday, October 19, 2020, you indicated information presented in spreadsheet form was acceptable rather than the District having to redact all private information on individual educator accommodation request forms.

Please note: "Family" refers to Family Medical and "Employee" refers to Employee Medical on the attached spreadsheet.

Sincerely,

Rosanne Williamson, Ed.D.
Secretary, Board of Education
Assistant Superintendent for Educational Services
Glenbrook High School District 225
3801 West Lake Avenue
Glenview, IL 60026

On Thu, Oct 15, 2020 at 6:30 PM Rob <misc@netmkt.com> wrote:

Ms. Williamson,

In connection with my FOIA request dated 9-30-2020, it appears that there are documents that should be provided, but were not. To clarify the request, please provide:

- copies of the blank form of the three accommodation request forms (employee medical, consideration of Family Members and Child Care Need).
- copies of Child Care Need accommodation request forms made on or after July 15, 2020.
- copies of Consideration of Family Members accommodation request forms made on or after July 15, 2020.
- copies of employee medical accommodation request forms made on or after July 15, 2020. Please redact protected health information.

Thank you once again.

Robert Kamensky

On Thu, Oct 15, 2020 at 3:31 PM Rosanne Marie Williamson <rwilliamson@glenbrook225.org> wrote:

Dear Mr. Kamensky,

Thank you for writing to Glenbrook High School District 225 with your request for information pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq. (Act).

On 9/30/20 we received your request for the following information. On 10/7/20 we stated that we needed an extension of 5 business days and that because our offices were closed October 12, 2020, for Columbus Day, a state holiday, we stated we would respond by October 15, 2020.

You have requested records according to the following bulleted inquiries:

- Requesting information regarding educator's requests for special accommodations from the district to avoid being physically present to teach classes. This request should be construed broadly to include all relevant communications and documents regarding the foregoing.

1. Please provide (by school) a list of the number of educators who have:

- requested accommodation;

District Response: Please see this [documentation](#). Note that some teachers are listed twice because they teach in two different departments.

- the number of accommodations granted including reason or general category for request for accommodation; and

District Response: Please see attached the Summary Data of Accommodations document.

- the number of accommodations denied including reason or general category for request for accommodation and reason for rejection.

District Response: No responsive documents are possessed by the School District.

Note that FOIA does not require the disclosure of “information,” explanations or responses to interrogatories. Rather, the FOIA requires only that reasonably identified public records be disclosed unless an applicable exemption allows the record to be withheld. Though you have not identified specific public records to be disclosed, we have reasonably attempted to comply with your request by disclosing records apparently responsive to your inquiries.

2. Please provide a list of all educators who have requested a special or other accommodation to avoid being physically present to teach classes within the District's two schools.

Without limiting the foregoing, the response should include the educator's name, school primarily taught at, the general specialty area of such educator, the general category/type of accommodation requested, whether the accommodation was granted or denied and the date of the request and date of grant/denial.

District Response: Please see [documentation](#) (which is based on the assumption that your request is in response to the COVID pandemic in March 2019) and note that any records not provided is because there are no responsive documents. Note that some teachers are listed twice because they teach in two different departments.

3. Please provide all communications* between the District (and its employees, agents and representatives) and the Glenbrook Education Association regarding educator accommodations.

* including Public Records

District Response: No responsive documents are possessed by the District insofar your request seeks correspondence between the Administration and the Association's representatives. To the extent you are seeking correspondence between Association members (e.g., educators) and the Association, those records are prohibited from disclosure pursuant to Section 7(1)(a) of the FOIA and Section 3(d) of the Illinois Educational Labor Relations Act

4. Please provide all communications* between the District (and its employees, agents and representatives) and any educator regarding educator accommodations.

* including Public Records

District Response: Please see attached Accommodation Request Process document. If you are seeking records other than those disclosed with this correspondence, this request is categorical in nature, and responding to this broad request would be unduly burdensome to the School District. As disclosed to you, over 200 educators requested accommodations. Reviewing each request and determining whether it is exempt (or partially exempt and subject to redaction) would unduly disrupt the operations of the District. Many of the accommodations requests, particularly those involving medical conditions, require the redaction of confidential and personal information. We believe that the records disclosed to you with this correspondence may already provide all of the information you are seeking. To the extent you are seeking communications for individual educators, please identify with particularity the educators for whom you seek records and consider narrowing the scope of your request to avoid the burden on the District.

You have a right to have any denial of your request reviewed by the Public Access Counselor (PAC) at the Office of the Illinois Attorney General. 5 ILCS 140/9.5(a). You can file your Request for Review with the PAC by writing to:

Public Access Counselor Office of the Attorney General
500 South 2nd Street Springfield, Illinois 62706
Phone: 1-877-299-FOIA
E-mail: publicaccess@atg.state.il.us

Sincerely,

Rosanne Williamson, Ed.D.
Secretary, Board of Education
Assistant Superintendent for Educational Services
Glenbrook High School District 225
3801 West Lake Avenue
Glenview, IL 60026

----- Forwarded message -----

From: **Rosanne Marie Williamson** <rwilliamson@glenbrook225.org>
Date: Wed, Oct 7, 2020 at 10:39 AM
Subject: 09.30.20 FOIA REQUEST Kamensky
To: Rob <misc@netmkt.com>

Dear Mr. Kamensky,

Thank you for writing to Glenbrook High School District 225 with your request for information pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq.

On 9/30/20 we received your request for the following information:

- Requesting information regarding educator's requests for special accommodations from the district to avoid being physically present to teach classes. This request should be construed broadly to include all relevant communications and documents regarding the foregoing.

1. Please provide (by school) a list of the number of educators who have:

- requested an accommodation;
- the number of accommodations granted including reason or general category for request for accommodation; and
- the number of accommodations denied including reason or general category for request for accommodation and reason for rejection.

2. Please provide a list of all educators who have requested a special or other accommodation to avoid being physically present to teach classes within the District's two schools. Without limiting the foregoing, the response should include the educator's name, school primarily taught at, the general specialty area of such educator, the general category/type of accommodation requested, whether the accommodation was granted or denied and the date of the request and date of grant/denial.

3. Please provide all communications* between the District (and its employees, agents and representatives) and the Glenbrook Education Association regarding educator accommodations.

* including Public Records

4. Please provide all communications* between the District (and its employees, agents and representatives) and any educator regarding educator accommodations.

* including Public Records

District Response:

Under the Freedom of Information Act, a public body may extend the time to respond to a FOIA request by up to 5 business days for a limited number of reasons. 5 ILCS 140/3(e). We are extending the time to respond to your request by 5 business day for the following reason(s) :

- Responding to the request requires that we collect a (possible) substantial number of specified records.
- We cannot comply with the request for records within the 5 business day time limit without unduly burdening or interfering with our operations.

We will respond to your request by October 15, 2020. Monday, October 12, is Columbus Day, a state holiday, and our offices are officially closed.

Sincerely,
Rosanne Williamson, Ed.D.
Secretary, Board of Education
Assistant Superintendent for Educational Services
Glenbrook High School District 225
3801 West Lake Avenue
Glenview, IL 60026

On Wed, Sep 30, 2020 at 12:13 AM Rob <misc@netmkt.com> wrote:
September 29, 2020

FOIA Officer – Dr. Rosanne Williamson
Glenbrook High Schools District 225
3801 W. Lake Ave., Suite 203
Glenview, IL 60026-5806

Dear FOIA Officer:

Pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq., we hereby request Glenbrook High Schools District 225 produce copies of any and all public records in its possession relating to the following.

We are requesting information regarding educator's requests for special accommodations from the district to avoid being physically present to teach classes. This request should be construed broadly to include all relevant communications and documents regarding the foregoing.

1. Please provide (by school) a list of the number of educators who have:

- requested an accommodation;
- the number of accommodations granted including reason or general category for request for accommodation; and
- the number of accommodations denied including reason or general category for request for accommodation and reason for rejection.

2. Please provide a list of all educators who have requested a special or other accommodation to avoid being physically present to teach classes within the District's two schools.

Without limiting the foregoing, the response should include the educator's name, school primarily taught at, the general specialty area of such educator, the general category/type of accommodation requested, whether the accommodation was granted or denied and the date of the request and date of grant/denial.

3. Please provide all communications* between the District (and its employees, agents and representatives) and the Glenbrook Education Association regarding educator accommodations.

* including Public Records

4. Please provide all communications* between the District (and its employees, agents and representatives) and any educator regarding educator accommodations.

* including Public Records

Pursuant to 5 ILCS 140/6(c), we are requesting the documents be furnished without charge in the public interest. The specific purpose for the request is to access and disseminate information regarding the health, safety and welfare or the legal rights of the general public and is not for the principal purpose of personal or commercial benefit. This request is not for commercial purposes.

We request that the records responsive to our request be provided in electronic format. If electronic format is available, please transmit the records to misc@netmkt.com. If the documents are not available electronically, please advise us at misc@netmkt.com.

We understand that in accordance with the FOIA, we will receive an initial response from Glenbrook High Schools District 225 within five business days beginning the day after Glenbrook High Schools District 225 receives the present request.

Thank you in advance.

R. Kamensky
misc@netmkt.com

2 attachments



MOST RECENT (10_13)_ Master Accommodation List - Teacher Accommodations for FOIA (10_19).pdf

83K



Forms.pdf

490K

Category	First Name	Last Name	Building	Department
Child Care	Stephanie	Bailey	GBS	English
Child Care	Lindsey	Berman	GBN	Science
Child Care	Georgia	Biscotakis	GBS	World Language
Child Care	Kara	Bolf	GBS	Special Education
Child Care	Steven	Bolf	GBS	English
Child Care	Beth	Brandt	GBN	PE/HE/DE
Child Care	Damien	Braude	GBS	Deans Office
Child Care	Lindsey	Camacho	GBS	World Languages
Child Care	Lauren	Carranza	GBN	World Language
Child Care	Annie	Chiado	GBS	English
Child Care	Debbie	Cohen	GBS	English
Child Care	Joy	Cooper	GBS	English
Child Care	John	Cowlin	GBS	English
Child Care	Y. Hillel	Crandus	GBS	English Department
Child Care	Mark	Dec	GBS	Special Education
Child Care	Kelly	Dorn	GBS	PE/HE/DE
Child Care	Matthew	Drone	GBS	Student Services
Child Care	Scott	Field	GBS	World Languages
Child Care	Danielle	Fluegge	GBN	English
Child Care	Susan	Frankel	GBO	Special Education
Child Care	Stephanie	Fuja	GBS	Fine Arts
Child Care	Kerry	Galson	GBN	English
Child Care	Marcel	Grdinic	GBN	Science
Child Care	Amy	Hague	GBS	Special Education
Child Care	Larissa	Hanson	GBS	Math
Child Care	Lisa	Harper	GBO	Special Education
Child Care	Tara	Hoeft-Runde	GBN	Special Education
Child Care	Mindy	Ingersoll	GBN	CTE
Child Care	Matt	Izenstark	GBN	Special Education
Child Care	Tiffany	Kim	GBN	PE/HE/DE
Child Care	Kathleen	Kinsella	GBN	English
Child Care	Ryan	Kinsella	GBS	Social Studies
Child Care	Karen	Klebba	GBS	Student Services
Child Care	Brad	Klimkowski	GBS	CTE
Child Care	Scott	Knapp	GBN	Math
Child Care	Kerry	Laker	GBN	Math
Child Care	Pearl	Lee	GBN	Special Education
Child Care	Dan	Leipert	GBS	CTE
Child Care	Annie	Lesch	GBS	Student Services
Child Care	Kelly	Lowery	GBS	Student Services
Child Care	Joy	Maher	GBN	Math
Child Care	Sachiko	Majoros	GBN	Science

Category	First Name	Last Name	Building	Department
Child Care	Jennifer	Mau	GBN	PE/HE/DE
Child Care	Kelli	McDonald	GBS	CTE
Child Care	Rosie	McManamon	GBS	CTE
Child Care	Timothy	Monahan	GBS	PE/HE/DE
Child Care	Kerri	Newburger	GBN and GBS	Student Services
Child Care	Craig	Niemiec	GBN	Student Services
Child Care	Michael	Nisi	GBN	Special Education
Child Care	Ana	Palmer	GBN	Library
Child Care	Lisa	Pavic	GBS	Science
Child Care	Jessica	Pritzker	GBS	Science
Child Care	Carie	Radford	GBN	English
Child Care	Rebecca	Rogers	GBN	Student Services
Child Care	Christina	Rose	GBN	CTE
Child Care	Rachael	Rothrauff	GBS	World Languages
Child Care	Kristin	Schneier	GBN	Science
Child Care	Katherine	Scholten	GBS	Math
Child Care	Amanda	Scholz	GBN	English
Child Care	Deborah	Stein	GBS	Science/Student Services (Guided Study)
Child Care	Lauren	Stump	GBS	Student Services
Child Care	Darin	Sullivan	GBN	Special Education
Child Care	Katz	Tara	GBS	English
Child Care	Rita	Umansky	GBN	Special Education
Child Care	Anna	Upton	GBN	English
Child Care	Paul	Vignocchi	GBN	Dean's/Athletics
Child Care	Brian	Whalen	GBS	CTE
Child Care	Megan	Williams	GBS	Special Education
Child Care	Becky	Wittenstrom	GBS	Science
Child Care	Christine	Woods	GBN	Science
Child Care	Seth	Roseman	GBN	Student Services
Child Care	Todd	Rubin	GBN	Fine Arts/Broadcasting
Child Care	Bentley	Jennie	GBS	Student Services
Child Care	Thea	Minogue	GBS	PE/HE/DE
Employee	Andrea	Ball-Ryan	GBS	Student Services
Employee	Stephanie	Barajas (Albert)	GBS	Social Studies
Employee	Alexandra	Baxmeyer	GBN	Fine Arts
Employee	Jason	Berg	GBN	CTE
Employee	Kaitlin	Budny	GBS	Social Studies
Employee	Elizabeth	Bushek	GBS	Math
Employee	Lauren	Carroll	GBS	Student Services
Employee	Kelli	Cohen	GBN	Special Education
Employee	Kelly	Corcoles	GBS	Social Studies
Employee	Kathy	Coskey	GBS	Math

Category	First Name	Last Name	Building	Department
Employee	Diane	Dillon	GBS	Science
Employee	Christine	Drucker	GBN	Math
Employee	Laura	Duffy	GBS	PE/HE/DE
Employee	William	Edison	GBN	Special Education
Employee	Emily	Ekstrand	GBS	Social Studies
Employee	Laura Jane	Elgass	GBS	Science
Employee	Mary Ann	Ericksen	GBS	Science
Employee	Julie	Feeney	GBS	Special Education
Employee	Karen	Fitzsimons	GBN	Math
Employee	JoEllen	Flener	GBS	Math
Employee	Susan	Flickinger	GBS	Social Studies
Employee	Ron	Gatchalian	GBN	Special Education and Student Services
Employee	Lilian	Gomez	GBN	Special Education
Employee	John	Grimaldi	GBN	Social Studies
Employee	Marianne	Gudmundsson	GBS	Science
Employee	Emma	Hanna	GBS	World Languages
Employee	Terry	Harris	GBS	Special Education
Employee	Annahi	Hart	GBN	World Languages
Employee	Jennifer	Hayner	GBS	Science
Employee	Allison	Heineman	GBO	Special Education- Off-Campus
Employee	Daniel	Hicks	GBS	Social Studies
Employee	Pantra	Hoeft	GBS	Student Services
Employee	Danielle	Holden	GBN	World Language
Employee	Robert	Hopkins	GBO	Special Education
Employee	Jeff	Kallay	GBN	Social Studies
Employee	Aaron	Kaplan	GBN	GBS/GBN Fine Arts
Employee	Joseph	Karlovsy	GBS	Math
Employee	Katie (Catherine)	Klahn	GBS	World Languages
Employee	Ann	Kotsadam	GBS	Math
Employee	Katrina	LeBlanc	GBN	Social Studies
Employee	Mark	Lewis	GBN	Math
Employee	Elizabeth	Lupfer	GBS	Social Studies
Employee	Rose	Maltese	GBO	Special Education
Employee	Molly	McBride	GBS	Student Services
Employee	Rhoda	McInerney	GBN	Math
Employee	John	Meyer	GBS	Social Studies
Employee	Kristin	Meyer	GBS	GBN/GBS Fine Arts - Orchestra
Employee	Rachel	Nabolotny	GBN	Math
Employee	Lisa	Neu	GBS	English
Employee	Catherine	O'Dwyer	GBS	Math
Employee	Aparna	Puppala	GBS	Science

Category	First Name	Last Name	Building	Department
Employee	Michael	Rast	GBN	Social Studies
Employee	Martha (Marcy)	Reed	GBN	Sp. Ed.
Employee	Jeffrey	Scheinkopf	GBS	Social Studies
Employee	Michelle	Scheinkopf	GBS	PE/HE/DE
Employee	Emily	Shamrock	GBN	English
Employee	Jonathan	Sorkin	GBN	World Languages
Employee	Sarah	Spigelman	GBN	Special Education and Student Services
Employee	Katherine	Stec	GBS	Special Education
Employee	Lisa	Steffey	GBN	Special Education
Employee	Lauren	Sutherlin	GBS	Math
Employee	Madeline	Thomas	GBS	Science
Employee	Nicholas	Timmer	GBN	English
Employee	Matthew	Topham	GBS	Student Services
Employee	Dane	Travis	GBN	Science
Employee	norma	vakil	GBN	World Language
Employee	Kurt	Webb	GBS	Fine Arts
Employee	Suzanne	Webb	GBS	Science
Employee	Mary	Wiltjer	GBS	Math
Employee	Robert	Wysocki	GBS	English
Employee	Petrini-Poli	Marie-Juliette	GBN	World Language
Employee	Jerry	Fogarty	GBS	Social Studies
Employee	Wan Yin	Chou	GBN	World Languages Department
Employee	Kerry	Laker	GBN	Math
Employee	Katherine (Kasia	Paplinski	GBS	Student Services
Employee	Heather	Higgins	GBN	Student Services
Employee	James	Bachmann	GBS	Special Education
Employee	Aimiliane	Lialios	GBS	Special Education
Employee	Heather	Chambers	GBS	Social Studies
Employee	Kelly	Chilver	GBN	Special Education
Employee	Jerome	Hoynes	GBN	Social Studies
Employee	Marie-Juliette	Petrini-Poli	GBN	World Language
Employee	Chou	Wan Yin	GBN	World Languages Department
Employee	Matt	Larsen	GBS	PE
Family	Carrie	Rosen	GBS	Math
Family	Jessica	Allen	GBN	English
Family	Chiara	Andrews	GBS	Science
Family	Blanca	Ascencio	GBS	English
Family	Dimitra	Balaskas	GBN	Special Education
Family	Julie	Benca	GBS	Fine Arts
Family	Brad	Benson	GBN	Math
Family	David	Berkson	GBS	Social Studies
Family	Matthew	Bertke	GBS	World Languages

Category	First Name	Last Name	Building	Department
Family	john	blix	GBS	CTE
Family	Esther	Bowen	GBS	Math
Family	Joyce	Bozacki-Rae	GBN	Student Services
Family	Meghan	Brescia	GBN	Math
Family	Michael	Campbell	GBN	Math
Family	Mary	Choldin	GBS	Special Education
Family	Tim	Cichowski	GBS	PE/HE/DE
Family	Sarah	Davis	GBS	Science
Family	Gary	Freund	GBN	CTE
Family	Jim	Glynn	GBS	Science
Family	Stephen	Goodman	GBN	Math
Family	Lauren	Gruber	GBS	Library
Family	Kathy	Gutierrez	GBN	Science
Family	Patricia	Haban	GBS	World Language Department
Family	Marshall	Harris	GBS	English / Instructional Coaching
Family	Lauren	Haugh	GBS	World Languages
Family	Hillary	Kane	GBS	English
Family	Hannah	Kang	GBN	English
Family	John	Krickl	GBN	Mathematics
Family	Grant	Kudert	GBN	Science
Family	Jennifer	Laudadio	GBN	English
Family	Robert	LeBlanc	GBN	Science
Family	Michael	Macfadden	GBS	CTE
Family	Despina	Mandarino	GBS	Science
Family	Kathleen	Marabella	GBN	Special Education
Family	Julie	McDermott	GBO	Special Education
Family	Elisabeth	McGuinness	GBS	Social Studies
Family	Patricia	Moulakelis	GBS	PE/HE/DE
Family	Bryan	Musolf	GBN	Science
Family	Elizabeth	Nemecek	GBS	Math
Family	Jeff	Paek	GBS	Science
Family	Jordan	Pasqualin	GBS	Science
Family	Brianne	Petrey	GBS	Special Education
Family	Daniel	Rhoades	GBS	Social Studies
Family	Carrie	Rosen	GBS	Math
Family	Brian	Schmalzer	GBS	Math
Family	Sejal	Schullo	GBS	Social Studies
Family	Carey	Sides	GBN	Special Education
Family	Michael	Sinde	GBS	CTE
Family	Joshua	Stanton	GBS	PE/DE/HE
Family	Tara	Tate	GBS	Social Studies
Family	Maureen	Temple	GBN	Special Education

Category	First Name	Last Name	Building	Department
Family	Anthony	Valsamis	GBN	Science
Family	Patrick	Wagner	GBN	Student Services
Family	Anne	Walsh	GBS	World Languages
Family	Hong	Wu	GBS	WL and Glenbrook Academy
Family	Teresa	Youngberg	GBS	Math
Family	Justin	Zummo	GBS	CTE
Family	Tucker	Brandon	GBS	Science
Family	Brian	Boron	GBS	Fine Arts
Family	Leah	Maskin	GBS	Special Education
Family	Christina	Pak	GBS	Student Services
Family	Erika	Pederson	GBS	Student Services

Accommodation Request - Employee Medical Condition

Glenbrook High School District 225 is committed to providing appropriate accommodations when necessary to provide equal access and opportunities to qualified individuals with disabilities.

If you believe that a reasonable accommodation for your medical condition will assist you in the performance of your job, please complete this form.

Please know that medical documentation will be required in order to consider your accommodation request. Medical documentation will be required to complete this Form completely. Please submit this Form once you have obtained medical documentation. Should your need be urgent (action needed within 24 hours), please email both Brad Swanson, Assistant Superintendent for Human Resources (bswanson@glenbrook225.org) and Alice Raflores, Director of Human Resources (araflores@glenbrook225.org).

Please know that any protected health information will be kept confidential. Your submission will only be viewable by the Human Resources Department. Any information that be used for statistical information will exclude any identifying information.

* Required

1. First Name *

2. Last Name *

3. Building *

Mark only one oval.

GBA

GBN

GBS

GBO

4. Department/Area *

5. Position/Title *

Mark only one oval.

GEA Certified Staff

GESSA Clerical

GESSA Specialist

GESSA Technology

Senior ESP (ESP Managers)

Plant Operations

Instructional Assistant

GESPA Paraprofessional

Administration

6. Are you currently Full-Time or Part-Time? *

Mark only one oval.

Full-Time

Part-Time

7. Please describe the physical or mental impairment(s) or limitation(s) for which you are seeking accommodations. *

8. Explain how your condition impairs or limits your ability to perform assigned job duties. *

9. What is the expected duration of the medical condition (if known)? *

10. Is your accommodation request to work remotely due to COVID-19 related concerns? *

Mark only one oval.

Yes

No

11. If you answered yes to the previous question, at what Learning and Operational Plan Step are you requesting that your accommodation begin?

Mark only one oval.

Step Two

Step Three

Step Four

12. Describe any related details or information to your remote work accommodation request. *

13. Are you requesting a piece of equipment or device to accommodate your in-person work? *

Mark only one oval.

Yes

No

14. If you answered yes to the previous question, please offer specifics to your request.

- 15. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? *

Mark only one oval.

Yes

No

- 16. If you answered yes to the previous question, please detail the options you are suggesting.

- 17. Describe how your requested accommodations will enable you to perform your job. *

- 18. Has a health care professional recommended a specific accommodation? *

Mark only one oval.

Yes

No

19. If you answered yes to the previous question, please describe the specific accommodation. (Documentation will be required below.)

20. Is your request time-sensitive? *

Mark only one oval.

Yes

No

21. If you answered yes to the previous question, please explain.

22. Please provide any other information that might help us evaluate your request. *

Accommodation Documentation and Acknowledgement

23. Please know that all requests for accommodation will require a physician's note or applicable document. Please attached your documents here. Please know any document(s) that you attach will be treated as confidential and only viewable by the Human Resources Department. Should your physician require a template, you may find one here: <https://tinyurl.com/y3sml dj6> (copy/paste link). You may submit this form without your documentation, but please know that your request will not be fully processed until it is received. Please send it directly to Brad and Alice when available.

Files submitted:

24. I give Glenbrook High School District 225 permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. This may include speaking to appropriate personnel at the District as well as at my health care provider. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements. I further understand that depending on my limitations and specific request for accommodation, I may be required to provide appropriate additional documentation of my disability, including the impact of the functional limitations on my ability to perform the essential functions of my job. *

Mark only one oval.

Yes

No

Thank you
for your
request
and
submission.

Please know that the Human Resources Department has received your request. Upon our review of your request and documentation, the Human Resources Department will contact you as soon as possible. Please know that in our review of your request, we may have follow-up questions, need to contact your supervisor, and/or require additional documentation. Should you have any immediate questions, please contact Brad Swanson or Alice Raflares.

This content is neither created nor endorsed by Google.

Google Forms

Accommodation Request - Consideration of Family Member(s)

Glenbrook High School District 225 is committed to providing reasonable accommodations when necessary to provide equal access and opportunities to qualified individuals with disabilities. Although the district is not required to provide reasonable accommodations for family members with disabilities, we recognize that this is an unusual year and we are reviewing requests for consideration for family members. If you believe that a reasonable accommodation for your family member's medical condition will assist you in the performance of your job, please complete this form.

Please know that medical documentation will be required in order to consider your accommodation request. Medical documentation will be required to complete this Form completely. Please submit this Form once you have obtained medical documentation. Should your need be urgent (action needed within 24 hours), please email both Brad Swanson, Assistant Superintendent for Human Resources (bswanson@glenbrook225.org) and Alice Raflones, Director of Human Resources (araflores@glenbrook225.org).

Please know that any protected health information will be kept confidential. Your submission will only be viewable by the Human Resources Department. Any information that be used for statistical information will exclude any identifying information.

* Required

1. First Name *

2. Last Name *

3. Building *

Mark only one oval.

GBA

GBN

GBS

GBO

4. Department *

5. Position/Title *

Mark only one oval.

GEA Certified Staff

GESSA Clerical

GESSA Specialist

GESSA Technology

Senior ESP (ESP Managers)

Plant Operations

Instructional Assistant

GESPA Paraprofessional

Administration

6. Are you currently Full-Time or Part-Time? *

Mark only one oval.

Full-Time

Part-Time

7. Position Type *

Mark only one oval.

Certified

Non-Certified

8. Family Member(s) with Medical Condition (Please list each family member separated by a comma). *

9. Are you the primary caregiver of any family members? If yes, please list the name and relationship of those family members that you are the primary caregiver. If no, please reply with "no". *

10. Family Member's Relationship to You (Please separate each family member by a comma). *

11. Does the family member(s) live with you full-time? *

Mark only one oval.

Yes

No

12. Please describe your family member’s physical or mental impairment(s) or limitation(s) for which you are seeking a personal accommodation. Please provide details for each family member, if applicable. *

13. Explain how your family member’s health situation impairs or limits your ability to perform your assigned job duties. Please detail each family member, if applicable. *

14. What is the expected duration of the family member’s medical condition (if known)? *

15. Is your accommodation request to work remotely due to COVID-19 related concerns? *

Mark only one oval.

Yes

No

16. If you answered yes to the previous question, at what Learning and Operational Plan Step are you requesting that your accommodation begin?

Mark only one oval.

Step 2

Step 3

Step 4

17. Describe any related details or information to your remote work accommodation request. *

18. Are you requesting a piece of equipment or device to accommodate your in-person work? *

Mark only one oval.

Yes

No

19. If you answered yes to the previous question, please offer specifics to your request.

20. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? *

Mark only one oval.

Yes

No

21. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? *

22. Describe how the requested accommodations will enable you to perform your job.

*

23. Has a health care professional recommended a specific accommodation? *

Mark only one oval.

Yes

No

24. If you answered yes to the previous question, please describe the recommended accommodation. (Documentation will be required below.) *

25. Is your request time-sensitive? *

Mark only one oval.

Yes

No

26. If you answered yes to the previous question, please explain.

27. Please provide any other information that might help us evaluate your request. *

Accommodation Documentation and Acknowledgement

28. Please know that all requests for accommodation will require a physician's note or applicable document. Please attached your documents here. Please know any document(s) that you attach will be treated as confidential and only viewable by the Human Resources Department. Should your physician require a template, you may find one here: <https://tinyurl.com/y3sml dj6> (copy/paste link). You may submit this form without your documentation, but please know that your request will not be fully processed until it is received. Please send it directly to Brad and Alice when available.

Files submitted:

Thank you
for your
request
and
submission.

Please know that the Human Resources Department has received your request. Upon our review of your request and documentation, the Human Resources Department will contact you as soon as possible. Please know that in our review of your request, we may have follow-up questions, need to contact your supervisor, and/or require additional documentation. Should you have any immediate questions, please contact Brad Swanson or Alice Raflares.

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Accommodation Request - Child Care Need (school or place of care is closed [or child care provider is unavailable] due to COVID-19 related concern)

Please know that any protected health information will be kept confidential. Your submission will only be viewable by the Human Resources Department. Any information that is used for statistical information will exclude any identifying information.

* Required

1. First Name *

2. Last Name *

3. Building *

Mark only one oval.

GBA

GBN

GBS

GBO

4. Department *

5. Position *

Mark only one oval.

- GEA Certified Staff
- GESSA Clerical
- GESSA Specialist
- GESSA Technology
- Senior ESP (ESP Managers)
- Plant Operations
- Instructional Assistant
- GESPA Paraprofessional
- Administration

6. Are you currently Full-Time or Part-Time? *

Mark only one oval.

- Full-Time
- Part-Time

7. Please provide the name and age of the child (or children) to be cared for. Please separate each child with common (e.g. Michael 1, Claire 4, Drew 6). *

8. The name of the school(s) that closed or place of care that is unavailable due to COVID-19. *

9. What is the expected duration of the school or childcare provider closure? *

10. If your child's school will be in session and on a part-time schedule, please detail the schedule. *

11. What hours/days would you need accommodations (e.g. work remotely) to accommodate your child care needs? *

12. Describe your requested accommodations. *

13. Describe how the requested accommodations will enable you to perform your job. *

14. Please provide any other information that might help us evaluate your request.

Accommodation Documentation and Acknowledgement

15. Please know that this request for accommodation will require additional documentation from the school or childcare provider. Please attach any and all relevant informational documents here. Please know any document(s) that you attach will be treated as confidential and only viewable by the Human Resources Department. (You may submit this form without your documentation, but please know that your request will not be fully processed until it is received. Please send it directly to Brad and Alice when available.)

Files submitted:

Thank you
for your
request
and
submission.

Please know that the Human Resources Department has received your request. Upon our review of your request and documentation, the Human Resources Department will contact you as soon as possible. Please know that in our review of your request, we may have follow-up questions and may need to contact your supervisor. Should you have any immediate questions, please contact Brad Swanson or Alice Rafloros.

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Rosanne Marie Williamson <rwilliamson@glenbrook225.org>

Re: FOIA - Document requesting accommodations for teachers

1 message

Rosanne Marie Williamson <rwilliamson@glenbrook225.org>

Fri, Oct 23, 2020 at 3:16 PM

To: Kati Spaniak <kati@spaniakteam.com>

Bcc: Elaine Geallis <egeallis@glenbrook225.org>, Brad Swanson <bswanson@glenbrook225.org>

Dear Ms. Spaniek,

Thank you for writing to Glenbrook High School District 225 with your request for information pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq ("Act").

On 10/16/20 we received your request for the following information:

- Please provide me with the communication/'document the school sent to teachers in order to allow them to receive accommodations. This would mean the document that was used for them to request either medical or childcare accommodations.

District Response: See attached.

Sincerely,

Rosanne Williamson, Ed.D.
Secretary, Board of Education
Assistant Superintendent for Educational Services
Glenbrook High School District 225
3801 West Lake Avenue
Glenview, IL 60026

On Fri, Oct 16, 2020 at 12:59 PM Kati Spaniak <kati@spaniakteam.com> wrote:

Please provide me with the communication/'document the school sent to teachers in order to allow them to receive accommodations.

This would mean the document that was used for them to request either medical or childcare accommodations. Thank you.

Kati

--

2 attachments

 Forms.pdf

490K



03.01 Glenbrook High School District 225 Mail - Fwd_ Accommodation Request Process_ 2020-21.pdf

69K

Accommodation Request - Employee Medical Condition

Glenbrook High School District 225 is committed to providing appropriate accommodations when necessary to provide equal access and opportunities to qualified individuals with disabilities.

If you believe that a reasonable accommodation for your medical condition will assist you in the performance of your job, please complete this form.

Please know that medical documentation will be required in order to consider your accommodation request. Medical documentation will be required to complete this Form completely. Please submit this Form once you have obtained medical documentation. Should your need be urgent (action needed within 24 hours), please email both Brad Swanson, Assistant Superintendent for Human Resources (bswanson@glenbrook225.org) and Alice Raflores, Director of Human Resources (araflores@glenbrook225.org).

Please know that any protected health information will be kept confidential. Your submission will only be viewable by the Human Resources Department. Any information that be used for statistical information will exclude any identifying information.

* Required

1. First Name *

2. Last Name *

3. Building *

Mark only one oval.

GBA

GBN

GBS

GBO

4. Department/Area *

5. Position/Title *

Mark only one oval.

GEA Certified Staff

GESSA Clerical

GESSA Specialist

GESSA Technology

Senior ESP (ESP Managers)

Plant Operations

Instructional Assistant

GESPA Paraprofessional

Administration

6. Are you currently Full-Time or Part-Time? *

Mark only one oval.

Full-Time

Part-Time

7. Please describe the physical or mental impairment(s) or limitation(s) for which you are seeking accommodations. *

8. Explain how your condition impairs or limits your ability to perform assigned job duties. *

9. What is the expected duration of the medical condition (if known)? *

10. Is your accommodation request to work remotely due to COVID-19 related concerns? *

Mark only one oval.

Yes

No

11. If you answered yes to the previous question, at what Learning and Operational Plan Step are you requesting that your accommodation begin?

Mark only one oval.

Step Two

Step Three

Step Four

12. Describe any related details or information to your remote work accommodation request. *

13. Are you requesting a piece of equipment or device to accommodate your in-person work? *

Mark only one oval.

Yes

No

14. If you answered yes to the previous question, please offer specifics to your request.

- 15. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? *

Mark only one oval.

Yes

No

- 16. If you answered yes to the previous question, please detail the options you are suggesting.

- 17. Describe how your requested accommodations will enable you to perform your job. *

- 18. Has a health care professional recommended a specific accommodation? *

Mark only one oval.

Yes

No

19. If you answered yes to the previous question, please describe the specific accommodation. (Documentation will be required below.)

20. Is your request time-sensitive? *

Mark only one oval.

Yes

No

21. If you answered yes to the previous question, please explain.

22. Please provide any other information that might help us evaluate your request. *

Accommodation Documentation and Acknowledgement

23. Please know that all requests for accommodation will require a physician's note or applicable document. Please attached your documents here. Please know any document(s) that you attach will be treated as confidential and only viewable by the Human Resources Department. Should your physician require a template, you may find one here: <https://tinyurl.com/y3sml dj6> (copy/paste link). You may submit this form without your documentation, but please know that your request will not be fully processed until it is received. Please send it directly to Brad and Alice when available.

Files submitted:

24. I give Glenbrook High School District 225 permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. This may include speaking to appropriate personnel at the District as well as at my health care provider. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements. I further understand that depending on my limitations and specific request for accommodation, I may be required to provide appropriate additional documentation of my disability, including the impact of the functional limitations on my ability to perform the essential functions of my job. *

Mark only one oval.

Yes

No

Thank you
for your
request
and
submission.

Please know that the Human Resources Department has received your request. Upon our review of your request and documentation, the Human Resources Department will contact you as soon as possible. Please know that in our review of your request, we may have follow-up questions, need to contact your supervisor, and/or require additional documentation. Should you have any immediate questions, please contact Brad Swanson or Alice Raflares.

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Google Forms

Accommodation Request - Consideration of Family Member(s)

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Please know that medical documentation will be required in order to consider your accommodation request. Medical documentation will be required to complete this Form completely. Please submit this Form once you have obtained medical documentation. Should your need be urgent (action needed within 24 hours), please email both Brad Swanson, Assistant Superintendent for Human Resources (bswanson@glenbrook225.org) and Alice Raflones, Director of Human Resources (araflores@glenbrook225.org).

Please know that any protected health information will be kept confidential. Your submission will only be viewable by the Human Resources Department. Any information that be used for statistical information will exclude any identifying information.

* Required

1. First Name *

2. Last Name *

3. Building *

Mark only one oval.

GBA

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4. Department *

5. Position/Title *

Mark only one oval.

GEA Certified Staff

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GESSA Specialist

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Senior ESP (ESP Managers)

Plant Operations

Instructional Assistant

GESPA Paraprofessional

Administration

6. Are you currently Full-Time or Part-Time? *

Mark only one oval.

Full-Time

Part-Time

7. Position Type *

Mark only one oval.

Certified

Non-Certified

8. Family Member(s) with Medical Condition (Please list each family member separated by a comma). *

9. Are you the primary caregiver of any family members? If yes, please list the name and relationship of those family members that you are the primary caregiver. If no, please reply with "no". *

10. Family Member's Relationship to You (Please separate each family member by a comma). *

11. Does the family member(s) live with you full-time? *

Mark only one oval.

Yes

No

12. Please describe your family member’s physical or mental impairment(s) or limitation(s) for which you are seeking a personal accommodation. Please provide details for each family member, if applicable. *

13. Explain how your family member’s health situation impairs or limits your ability to perform your assigned job duties. Please detail each family member, if applicable. *

14. What is the expected duration of the family member’s medical condition (if known)? *

15. Is your accommodation request to work remotely due to COVID-19 related concerns? *

Mark only one oval.

Yes

No

16. If you answered yes to the previous question, at what Learning and Operational Plan Step are you requesting that your accommodation begin?

Mark only one oval.

Step 2

Step 3

Step 4

17. Describe any related details or information to your remote work accommodation request. *

18. Are you requesting a piece of equipment or device to accommodate your in-person work? *

Mark only one oval.

Yes

No

19. If you answered yes to the previous question, please offer specifics to your request.

20. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? *

Mark only one oval.

Yes

No

21. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? *

22. Describe how the requested accommodations will enable you to perform your job.

*

23. Has a health care professional recommended a specific accommodation? *

Mark only one oval.

Yes

No

24. If you answered yes to the previous question, please describe the recommended accommodation. (Documentation will be required below.) *

25. Is your request time-sensitive? *

Mark only one oval.

Yes

No

26. If you answered yes to the previous question, please explain.

27. Please provide any other information that might help us evaluate your request. *

Accommodation Documentation and Acknowledgement

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Accommodation Request - Child Care Need (school or place of care is closed [or child care provider is unavailable] due to COVID-19 related concern)

Please know that any protected health information will be kept confidential. Your submission will only be viewable by the Human Resources Department. Any information that is used for statistical information will exclude any identifying information.

* Required

1. First Name *

2. Last Name *

3. Building *

Mark only one oval.

GBA

GBN

GBS

GBO

4. Department *

5. Position *

Mark only one oval.

- GEA Certified Staff
- GESSA Clerical
- GESSA Specialist
- GESSA Technology
- Senior ESP (ESP Managers)
- Plant Operations
- Instructional Assistant
- GESPA Paraprofessional
- Administration

6. Are you currently Full-Time or Part-Time? *

Mark only one oval.

- Full-Time
- Part-Time

7. Please provide the name and age of the child (or children) to be cared for. Please separate each child with common (e.g. Michael 1, Claire 4, Drew 6). *

8. The name of the school(s) that closed or place of care that is unavailable due to COVID-19. *

9. What is the expected duration of the school or childcare provider closure? *

10. If your child's school will be in session and on a part-time schedule, please detail the schedule. *

11. What hours/days would you need accommodations (e.g. work remotely) to accommodate your child care needs? *

12. Describe your requested accommodations. *

13. Describe how the requested accommodations will enable you to perform your job. *

14. Please provide any other information that might help us evaluate your request.

Accommodation Documentation and Acknowledgement

15. Please know that this request for accommodation will require additional documentation from the school or childcare provider. Please attach any and all relevant informational documents here. Please know any document(s) that you attach will be treated as confidential and only viewable by the Human Resources Department. (You may submit this form without your documentation, but please know that your request will not be fully processed until it is received. Please send it directly to Brad and Alice when available.)

Files submitted:

Thank you
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request
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Rosanne Marie Williamson <rwilliamson@glenbrook225.org>

Accommodation Request Process: 2020-21

1 message

Brad Swanson <bswanson@glenbrook225.org>
To: allstaff <allstaff@glenbrook225.org>

Tue, Jul 28, 2020 at 10:21 AM

Hi all,
I hope that you and your family have remained safe during these challenging times.

At last night's meeting, the school board approved the [Learning and Operational Plan](#) for this fall.

This plan utilizes a four-step continuum and possible movement dates in the following ways:

- Step One is to begin on August 19 utilizing the e-learning format for all students
- Step Two is likely to begin on Tuesday, September 8, and remains an e-learning format, but begins to provide additional in-person services for identified students
- Step Three, which may begin no earlier than Monday, October 5, provides an AM/PM hybrid model of no greater than 50% of the student body in the building at any one time
- Step Four provides in-person instruction for all students.

I encourage you to review the entire [Learning and Operational Plan](#) to fully understand the specific aspects of the various learning environments and the many operational and safety procedures that will be in place throughout the plan.

At this time, the Human Resources Department would like to better understand how the Learning and Operational Plan may impact your ability to return to in-person work. If you are interested in seeking an accommodation, whether that is to alter your in-person working environment or to work remotely in some fashion, please review and complete the appropriate **Accommodation Request Form**. You may request an accommodation to become active upon the district's movement to Step Two, Step Three, or Step Four. Please know that appropriate documentation will be required to complete your request.

Even though an accommodation request may occur at any time during a school year, we are asking for the initial requests to be **submitted by Monday, August 3**, in order to best facilitate our planning for the start of the school year.

Accommodation Request Forms:

[Accommodation Request - Employee Medical Condition](#)

- Note: This form should also be used for those with age-related concerns for yourself.

[Accommodation Request - Consideration of Family Member\(s\)](#)

- Note: This form should also be used for those with age-related concerns for your family member(s).

[Accommodation Request - Child Care Need](#)

Please know that the Human Resources Department will make every effort to review and respond to your request in a timely manner. Please let Alice or me know if you have questions or concerns, and thank you for your understanding and patience throughout this process.

Thanks,
Brad

Brad Swanson
Assistant Superintendent for Human Resources
[Glenbrook High Schools District 225](#)
[3801 W. Lake Ave. Glenview, IL 60026](#)
Office: 847.486.4704
Fax: 847.724.1793
Cell: 847.745.9706
Email: bswanson@glenbrook225.org
Website: www.glenbrook225.org



Rosanne Marie Williamson <rwilliamson@glenbrook225.org>

10.19.20 FOIA Levy Fwd: FOIA Request for Information

1 message

Rosanne Marie Williamson <rwilliamson@glenbrook225.org>

Mon, Oct 26, 2020 at 2:39 PM

To: Levy Pauline <Pauline.Levy@us.mcd.com>

Bcc: Elaine Geallis <egeallis@glenbrook225.org>, Charles Johns <cjohns@glenbrook225.org>, "R.J. Gravel" <rgravel@glenbrook225.org>, Brad Swanson <bswanson@glenbrook225.org>

Dear Ms. Levy,

Thank you for writing to Glenbrook High School District 225 with your request for information pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq ("Act").

On 10/19/20 we received your request for the following information (Please note, we have five business days to respond, weekend dates do not apply):

- All documents that reflect the amount the district is paying toward instructional assistants each week, especially any estimates regarding the weekly cost for instructional assistants when the district moves to the full hybrid model.

Please note that the word documents includes any and all electronic communications (as well as hard copy documents), including but not in any way limited to emails, memos, summaries, notes, presentations, etc.

District Response: Please see attached.

Sincerely,

Rosanne Williamson, Ed.D.
Secretary, Board of Education
Assistant Superintendent for Educational Services
Glenbrook High School District 225
3801 West Lake Avenue
Glenview, IL 60026

----- Forwarded message -----

From: **Levy Pauline** <Pauline.Levy@us.mcd.com>

Date: Sun, Oct 18, 2020 at 3:10 PM

Subject: RE: FOIA Request for Information

To: Rosanne Marie Williamson <rwilliamson@glenbrook225.org>

Hi Rosanne – I am hoping you can help me with another Freedom of Information Act request. Can you please provide me with the following documents:

All documents that reflect the amount the district is paying toward instructional assistants each week, especially any estimates regarding the weekly cost for instructional assistants when the district moves to the full hybrid model.

Please note that the word documents includes any and all electronic communications (as well as hard copy documents), including but not in any way limited to emails, memos, summaries, notes, presentations, etc.

Please let me know if you need anything further from me.

Thanks for your assistance.

Pauline Levy







GBS Parent

The information contained in this e-mail and any accompanying documents is confidential, may be privileged, and is intended solely for the person and/or entity to whom it is addressed (i.e. those identified in the "To" and "cc" box). They are the property of McDonald's Corporation. Unauthorized review, use, disclosure, or copying of this communication, or any part thereof, is strictly prohibited and may be unlawful. If you have received this e-mail in error, please return the e-mail and attachments to the sender and delete the e-mail and attachments and any copy from your system. McDonald's thanks you for your cooperation.

--

Rosanne Williamson Ed.D.
Assistant Superintendent for Educational Services
Glenbrook H.S. District 225
3801 West Lake Ave.
Glenview, IL 60026
847-486-4701

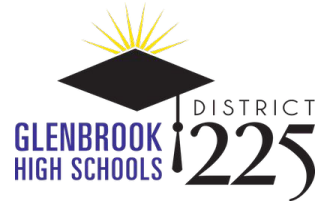
6 attachments

-  **Instructional Assistant - Short-Term Assignment Financial Projection - Sheet1.pdf**
28K
-  **2020_09_29_Progress Updates re_ Learning and Operational Plan for the 2020-21 School Year.pdf**
505K
-  **2020_09_21_Progress Updates re_ Learning and Operational Plan for the 2020-21 School Year.pdf**
804K
-  **2020_10_13_Progress Updates re_ Learning and Operational Plan for the 2020-21 School Year.pdf**
606K
-  **2020_10_05_Progress Updates re_ Learning and Operational Plan for the 2020-21 School Year.pdf**
726K
-  **Online Employment Application _ Open Positions.pdf**
173K

Instructional Assistant - Short-Term Assignment Financial Projection

Hourly Rate and Weekly Compensation per IA	<u>Hourly Rate Calculation</u>			<u>Compensation Calculation</u>	
	Hourly Rate	FICA/Medicare E/R Cost	Total Hourly Rate	Weekly Hours	Weekly Compensation
	\$24.83	\$1.90	\$26.73	40	\$1,069.18
Weekly Projected Expense	Total IAs Required*	Compensation Per IA	Total Weekly Expense		
	136	\$1,069.18	\$145,408.45		

* As of October 13, 2020



Progress Updates

Learning and Operational Plan for the 2020-21 School Year

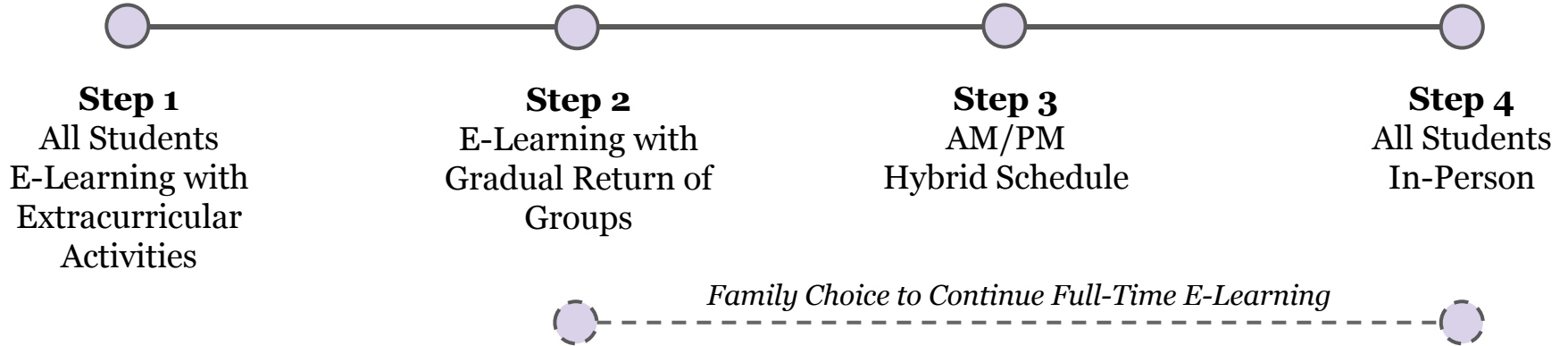
Monday, September 21, 2020

Our Guiding Principles

1. Maintain the health and safety of all students and staff;
2. Provide meaningful and engaging academic experiences for all students;
3. Address the social and emotional needs of all students;
4. Provide consistency and stability for all students and staff; and
5. Provide continuous professional learning opportunities for staff that address learning needs unique to this time.

Learning Plan Continuum and Indicators

We are committed to providing live touchpoints every day for every student with every teacher in every class.



- Compliance with Cook County Department of Public Health Guidance
- Implemented Contact Tracing Protocol and Measures to Support Contact Tracing
- Implementation of 6 Foot Social Distancing Strategies
- Implemented Cleaning Protocol and Supplies
- Sufficient Inventory/Access to Required PPE
- Sufficient Staff to Provide Supervision (Including Substitute Availability)
- Pedagogical Considerations (Instructional Integrity and Stability for All)

Metrics

Health Metrics

Local, state, and federal health agency information, data, and guidance.

1. Average Weekly Cases Per 100,000
2. Test Positivity %
3. Increased Cases - Rolling 7 Day Average
4. Increased Youth Cases - Rolling 7 Day Average

Operations Metrics

The resources and preparations necessary to safely and effectively bring students back on campus for learning.

1. Sufficient Inventory / Access to Required PPE
2. Implementation of 6 Foot Radius for Learning Spaces
3. Personnel

Health Metric Definitions

Geographic Region	Description
IDPH Region 10 [Link]	All of Cook County excluding the City of Chicago
Cook County - North Health District [Link] - School Metrics]	North Suburban Cook County
Glenbrook + Border Zip Codes [Link]	60025, 60026, 60062, 60015, 60016, 60022, 60029, 60035, 60053, 60056, 60070, 60077, 60089, 60090, 60091, 60093, 60714
Glenbrook [Link]	60025, 60026, 60062

Health Metric 1: Average Weekly Cases Per 100,000

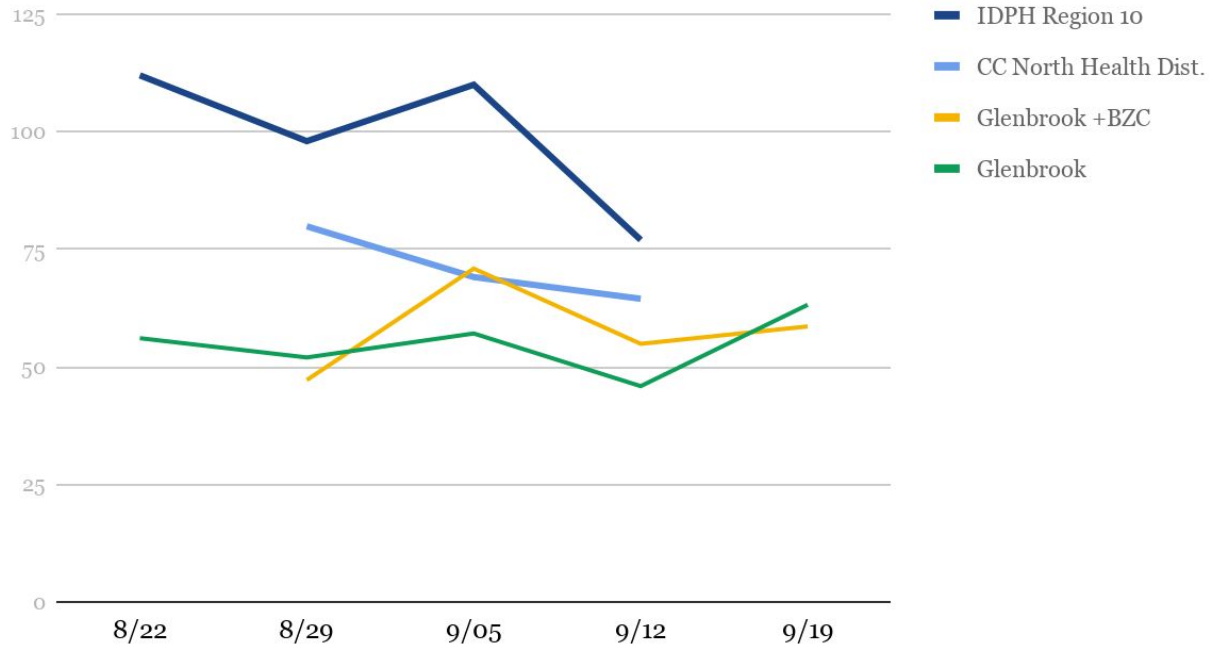
Learning Continuum Step Risk of COVID-19 Spread	Step 4	Step 3	Step 2	Step 1
	None	Minimal	Moderate	Substantial
Case Count	Less than 10	10 - 49	50 - 99	More than 100
IDPH Region 10			77*	
Cook County - North Health District			64.48*	
Glenbrook + Border Zip Codes			58.6**	
Glenbrook Zip Codes			63.2**	

* Data from September 12, 2020

** Data from September 19, 2020

Health Metric 1: Average Weekly Cases Per 100,000

Average Weekly Cases Per 100,000



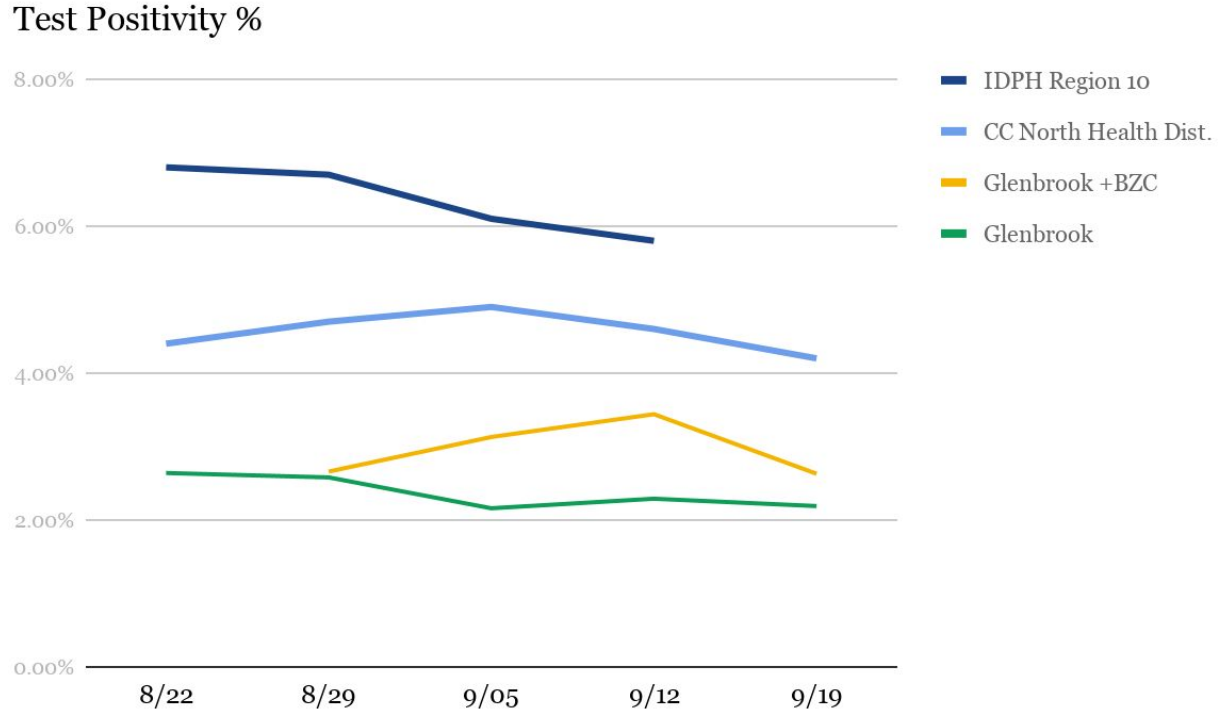
Health Metric 2: Test Positivity %

Learning Continuum Step Risk of COVID-19 Spread	Step 4	Step 3	Step 2	Step 1
	None	Minimal	Moderate	Substantial
Positivity Percentage	Less than 1%	Between 1% and 5%	Between 5% and 8%	Greater than 8%
IDPH Region 10			5.8%*	
Cook County - North Health District		4.2%**		
Glenbrook + Border Zip Codes		2.63%*		
Glenbrook Zip Codes		2.19%*		

* Data from September 12, 2020

** Data from September 19, 2020

Health Metric 2: Test Positivity %



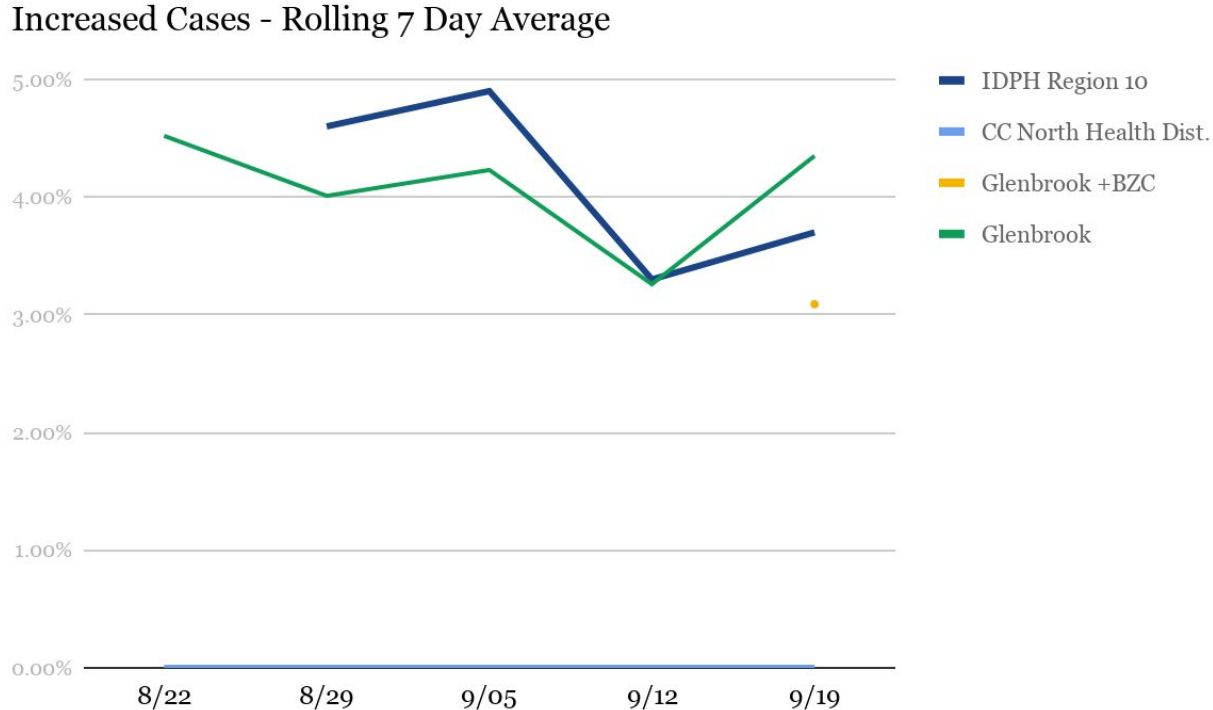
Health Metric 3: Increased Cases - Rolling 7 Day Average

Learning Continuum Step Risk of COVID-19 Spread	Step 4 None	Step 3 Minimal	Step 2 Moderate	Step 1 Substantial
7 Day Increased Cases Rate of Change	Less than 1%	Between 1% and 5%	Between 5% and 8%	Greater than 8%
IDPH Region 10		3.7%*		
Cook County - North Health District	Data Not Published for this Metric			
Glenbrook + Border Zip Codes		3.09%**		
Glenbrook Zip Codes		4.35%**		

* Manually Calculated Data Point as of September 19, 2020

** Data from September 19, 2020

Health Metric 1: Increased Cases - Rolling 7 Day Average



Health Metric 4: Increased Youth Cases - Rolling 7 Day Average

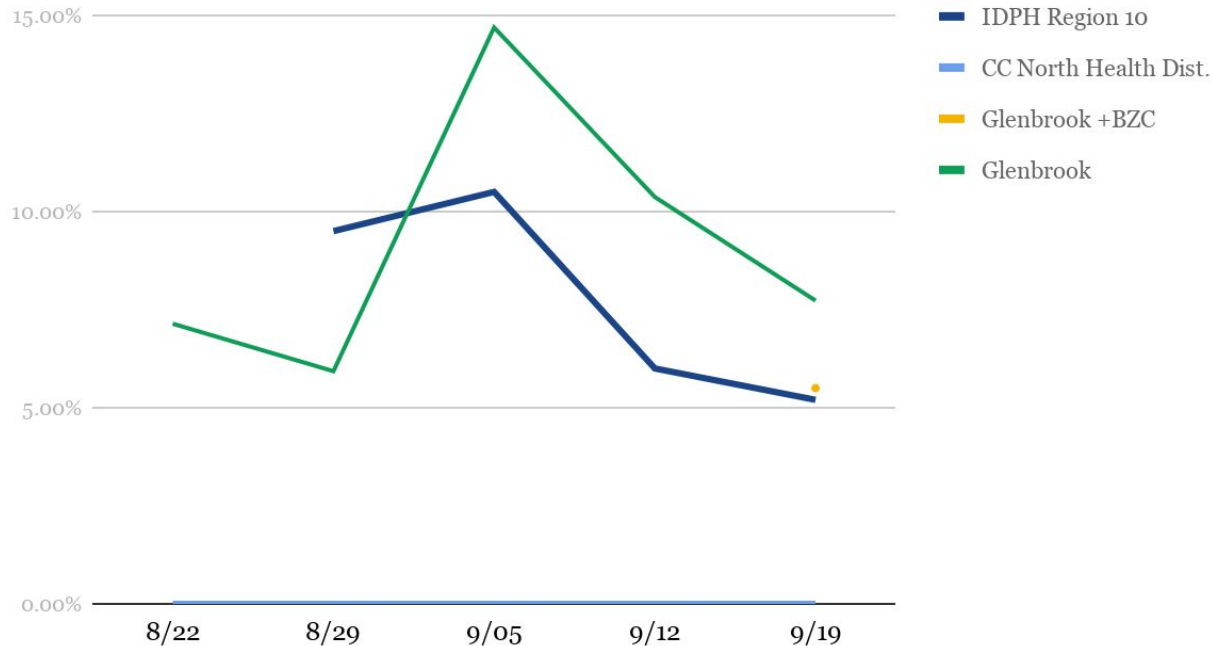
Learning Continuum Step Risk of COVID-19 Spread	Step 4 None	Step 3 Minimal	Step 2 Moderate	Step 1 Substantial
Youth Case Percentage Rate of Change	Less than 1%	Between 1% and 5%	Between 5% and 8%	Greater than 8%
IDPH Region 10			5.2%*	
Cook County - North Health District	Data Not Published for this Metric			
Glenbrook + Border Zip Codes			5.5%**	
Glenbrook Zip Codes			7.73%**	

* Manually Calculated Data Point as of September 19, 2020

** Data from September 19, 2020

Health Metric 1: Increased Youth Cases - Rolling 7 Day Average

Increased Youth Cases - Rolling 7 Day Average



Operations Metric 1: Sufficient Inventory / Access to Required PPE

Months or Weeks on Hand	Multiple Months	1 Month	2 Weeks	1 Week
Gloves	X			
Face Masks	X			
Clear Face Masks	X			
Face Shields with Glasses	X			
General Face Shields	X			
Isolation Gowns	X			
Disinfectant Wipes	X			
Hand Sanitizer	X			
Nurse-Specific PPE (e.g., N-95 Fitted)	X			

Operations Metric 2: Implementation of 6 Foot Radius for Learning Spaces

Sample Capacity Analysis

Term	School	Room	Sq. Ft.	6 Ft. Radius Cap.	Actual Soc/Dis Cap.	Scheduled	Block 1			
							50%	33%	25%	100%
S1	GBS	333	1390	52	14	Yes	13	8	7	23
S1	GBS	339	690	26	15	Yes	15	9	9	26
S1	GBS	340	1305	49	14	Yes	12	10	8	24
S1	GBS	341	1230	46	14	Yes	10	8	5	17
S1	GBS	344	1305	49	14	Yes	9	6	6	16
S1	GBS	345	1305	49	14	Yes	10	7	7	18
S1	GBS	348	1370	51	14	Yes	13	11	8	24
S1	GBS	349	1410	53	14	Yes	16	10	9	24
S1	GBS	360	1495	56	14	Yes	12	10	9	22
S1	GBS	362	1500	56	14	Yes	11	9	8	20

Operations Metric 2: Personnel

	Total Count
Certified Staff on Accommodation	150
Highest Number of Additional Staff Required Per Block at Schools to Supervise Classrooms	$33 \text{ (GBN)} + 47 \text{ (GBS)} + 4 \text{ (GBOC)} = 84$
Short-Term Instructional Assistants Confirmed (to Supervise Classroom while Teacher is Remote)	19

Determining Movement Along the Continuum

- The advisory committee reviews data to make a recommendation to the Superintendent regarding movement along the Learning Continuum.
- The advisory committee met this afternoon (9/21/2020) to discuss possible movement along the Learning Continuum.

Revised Schedules

- Revised Daily Bell Schedule*

Block	Time
Early Bird	7:05 AM - 7:50 AM
Block 1	8:00 AM - 9:20 AM
Block 2	9:30 AM - 10:50 AM
Student Lunch/Choice Time & Staff Lunch/Professional Time	10:50 AM - 12:25 PM
Block 3	12:25 PM - 1:45 PM
Block 4	1:55 PM - 3:15 PM

*For the Learning and Operational Plan for the 2020-21 School Year

- Move Institute Day from March 1, 2021 to September 30, 2020

School Based Testing

Routine COVID-19 Testing Survey

As part of Glenbrook High School District's anticipated return to in-person learning in a hybrid model, the Board of Education is exploring the possibility of implementing routine COVID-19 testing for all students and staff.

Testing would be offered at no cost to students and staff and may be required of all students returning to in-person learning.

The type of COVID-19 test being considered by Glenbrook and other high school districts utilizes saliva to determine positivity for the virus. Student and staff would:

1. Arrive at their school;
2. Present their student or staff ID;
3. Be provided a specimen cup to collect the saliva;
4. Seal their specimen cup and provide to the testing assistant;
5. Receive results via email within 2-8 hours.

It is thought that by implementing a testing solution, in conjunction with local contact tracing, the school will be able to minimize the spread of the virus.

At this time we are asking parents and students to share their thoughts regarding whether the school district should implement routine COVID-19 testing on-site at no cost to students and staff.

* Required

Should the school district implement routine COVID-19 testing on-site at no cost to students and staff?

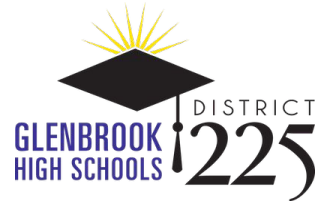
- Yes
- No

Please share any thoughts in SUPPORT of routine COVID-19 testing on-site.

Your answer

Please share any thoughts in OPPOSITION of routine COVID-19 testing on-site.

Your answer



Progress Updates

**Learning and Operational Plan for the
2020-21 School Year**

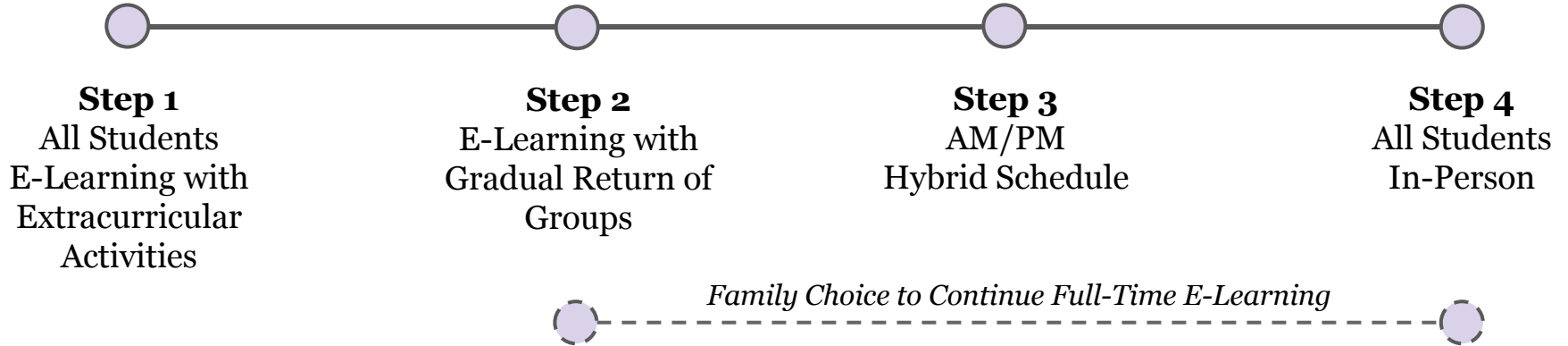
Tuesday, September 29, 2020

Our Guiding Principles

1. Maintain the health and safety of all students and staff;
2. Provide meaningful and engaging academic experiences for all students;
3. Address the social and emotional needs of all students;
4. Provide consistency and stability for all students and staff; and
5. Provide continuous professional learning opportunities for staff that address learning needs unique to this time.

Learning Plan Continuum and Indicators

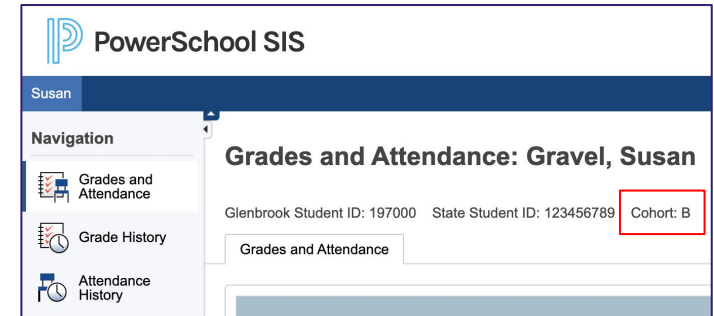
We are committed to providing live touchpoints every day for every student with every teacher in every class.



- Compliance with Cook County Department of Public Health Guidance
- Implemented Contact Tracing Protocol and Measures to Support Contact Tracing
- Implementation of 6 Foot Social Distancing Strategies
- Implemented Cleaning Protocol and Supplies
- Sufficient Inventory/Access to Required PPE
- Sufficient Staff to Provide Supervision (Including Substitute Availability)
- Pedagogical Considerations (Instructional Integrity and Stability for All)

Preparations for Hybrid

- An announcement regarding a phased-in transition to a hybrid schedule was sent to all families last week, to begin Monday, October 5th.
- Students have been assigned to a cohort:
 - Cohort A - Last Names A - L;
 - Cohort B - Last Names M - Z.
- PowerSchool will be updated to reflect cohort, and students that have current opted-out of in-person learning on Thursday:
 - Glenbrook North - 500 Students (~25%);
 - Glenbrook South - 572 Students (~18%).



The screenshot shows the PowerSchool SIS interface. At the top, it says "PowerSchool SIS". Below that, the user name "Susan" is displayed. A navigation menu on the left includes "Grades and Attendance", "Grade History", and "Attendance History". The main content area is titled "Grades and Attendance: Gravel, Susan". Below the title, it shows "Glenbrook Student ID: 197000" and "State Student ID: 123456789". To the right of these IDs, "Cohort: B" is displayed and highlighted with a red box. Below this, there is a section for "Grades and Attendance" with a table that is partially visible.

Preparations for Hybrid

- Principals Markey and Fagel are hosting parent and student Q & A sessions this week; recordings will be posted on our websites.
- All teachers will be participating in professional development and staff meetings tomorrow (Wednesday, September 30th) to prepare for hybrid.
- Students and parents will be receiving a customized PDF via email that will identify the student's schedule and the most recent room supervision plan (e.g., teacher or instructional assistant).

Metrics

Health Metrics

Local, state, and federal health agency information, data, and guidance.

1. Average Weekly Cases Per 100,000
2. Test Positivity %
3. Increased Cases - Rolling 7 Day Average
4. Increased Youth Cases - Rolling 7 Day Average

Operations Metrics

The resources and preparations necessary to safely and effectively bring students back on campus for learning.

1. Sufficient Inventory / Access to Required PPE
2. Implementation of 6 Foot Radius for Learning Spaces
3. Personnel

Health Metric Definitions

Geographic Region	Description
IDPH Region 10 [Link]	All of Cook County excluding the City of Chicago
Cook County - North Health District [Link] - School Metrics]	North Suburban Cook County
Glenbrook + Border Zip Codes [Link]	60025, 60026, 60062, 60015, 60016, 60022, 60029, 60035, 60053, 60056, 60070, 60077, 60089, 60090, 60091, 60093, 60714
Glenbrook [Link]	60025, 60026, 60062

Health Metric 1: Average Weekly Cases Per 100,000

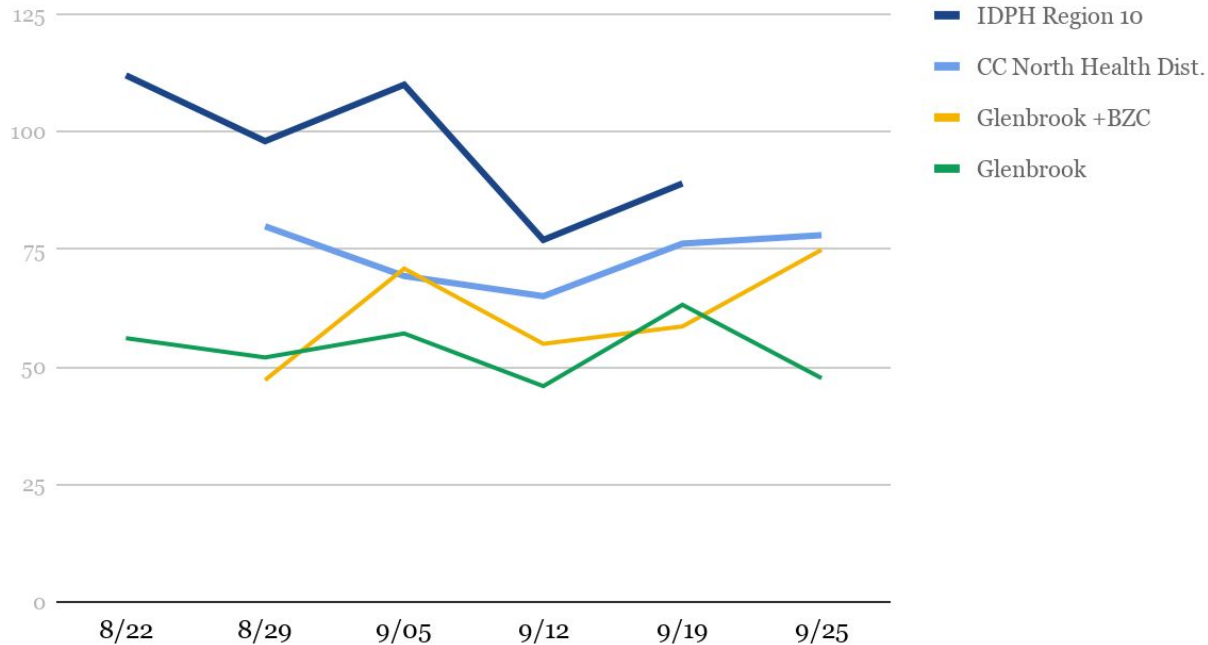
Learning Continuum Step Risk of COVID-19 Spread	Step 4	Step 3	Step 2	Step 1
	None	Minimal	Moderate	Substantial
Case Count	Less than 10	10 - 49	50 - 99	More than 100
IDPH Region 10			89*	
Cook County - North Health District			78**	
Glenbrook + Border Zip Codes			74.9**	
Glenbrook Zip Codes		47.6**		

* Data from September 19, 2020

** Data from September 25, 2020

Health Metric 1: Average Weekly Cases Per 100,000

Average Weekly Cases Per 100,000



Health Metric 1: Average Weekly Cases Per 100,000

	Glenbrooks	Glenbrooks +1
	*Est. 7D Avg/100k (Using 2010 Census Data)	*Est. 7D Avg/100k (Using 2010 Census Data)
9/20	67.1	55.4
9/21	68.2	63.3
9/22	67.1	66.1
9/23	68.2	67.4
9/24	61.7	73.3
9/25	56.3	81.8
9/26	47.6	74.9
9/27	52	74.2
9/28	48.7	78.1
9/29	47.6	76.6

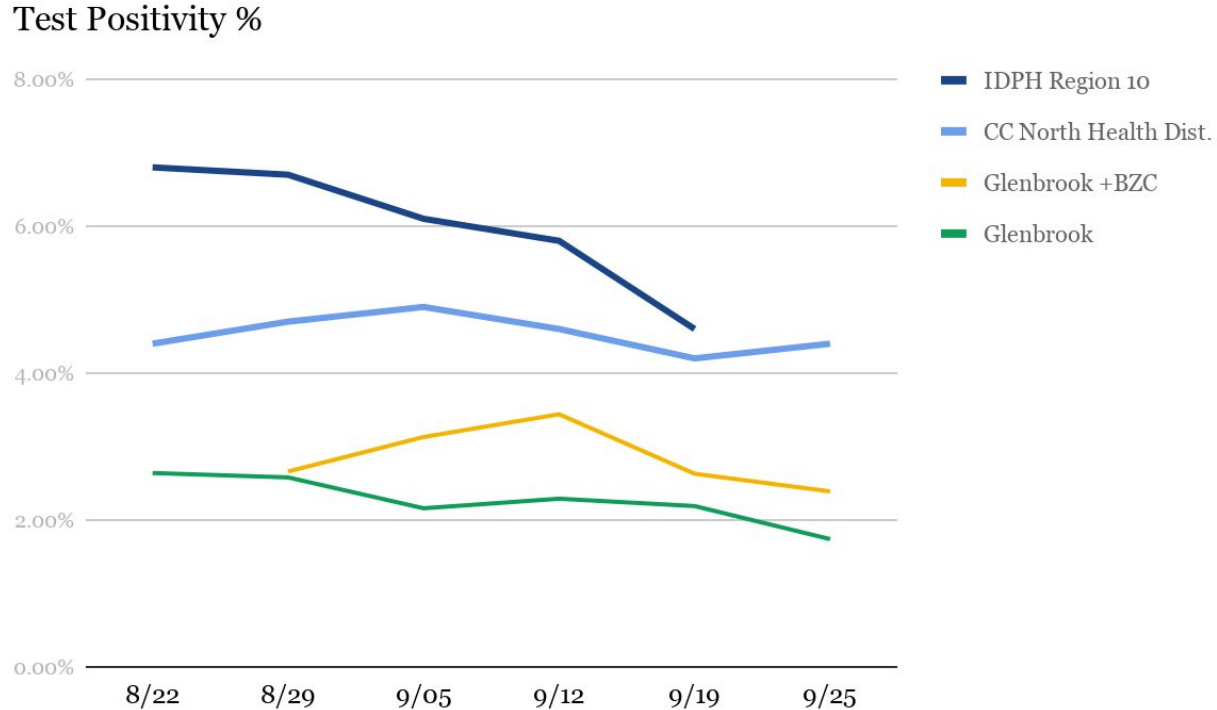
Health Metric 2: Test Positivity %

Learning Continuum Step Risk of COVID-19 Spread	Step 4	Step 3	Step 2	Step 1
	None	Minimal	Moderate	Substantial
Positivity Percentage	Less than 1%	Between 1% and 5%	Between 5% and 8%	Greater than 8%
IDPH Region 10		4.6%*		
Cook County - North Health District		4.4%**		
Glenbrook + Border Zip Codes		2.39%**		
Glenbrook Zip Codes		1.74%**		

* Data from September 19, 2020

** Data from September 25, 2020

Health Metric 2: Test Positivity %



Health Metric 3: Increased Cases - Rolling 7 Day Average

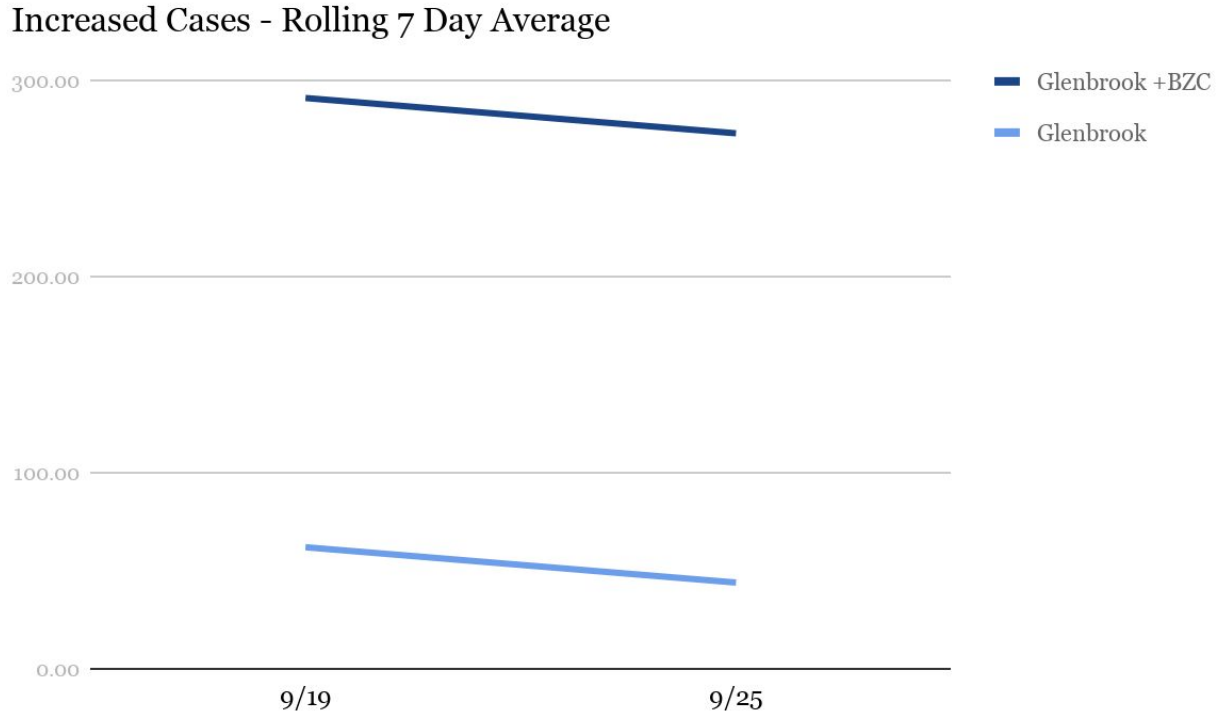
Learning Continuum Step Risk of COVID-19 Spread	Step 4 None		Step 3 Minimal		Step 2 Moderate		Step 1 Substantial	
	Less than 1%		Between 1% and 5%		Between 5% and 8%		Greater than 8%	
7 Day Increased Cases Rate of Change								
IDPH Region 10*							14.66%+	
Cook County - North Health District*							20%+	
Glenbrook + Border Zip Codes**	-6.19%	273						
Glenbrook Zip Codes**	-34.33%	44						

* Data from September 19, 2020

** Data from September 25, 2020

+Requires two weeks at this threshold to be regarded as being in a higher category

Health Metric 3: Increased Cases - Rolling 7 Day Average



Health Metric 4: Increased Youth Cases - Rolling 7 Day Average

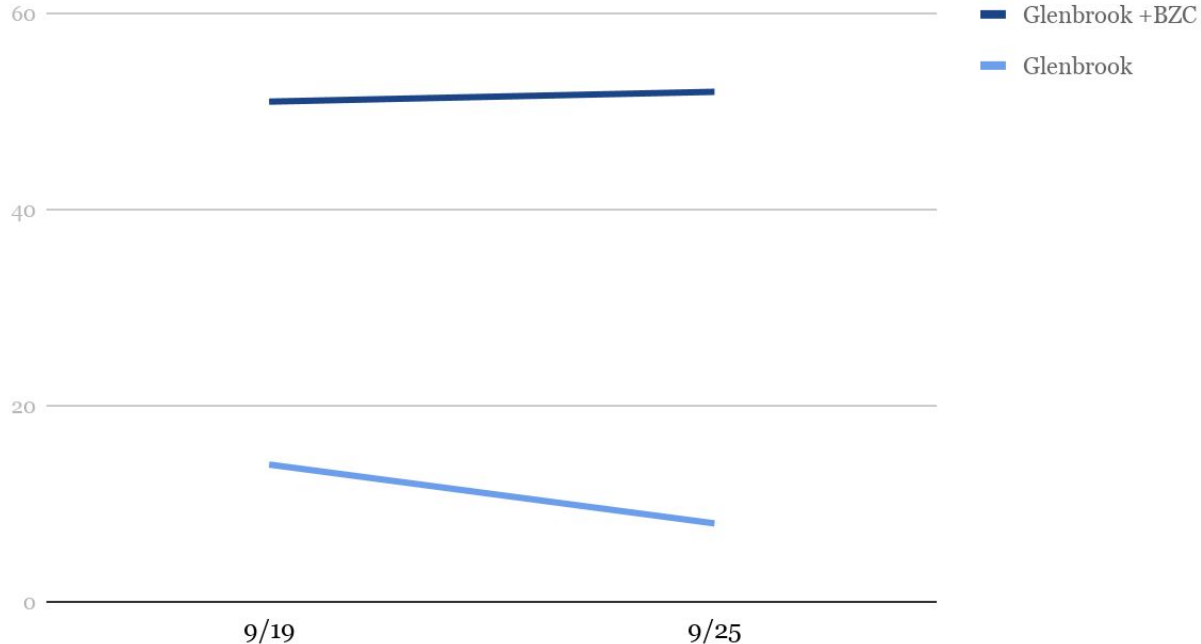
Learning Continuum Step Risk of COVID-19 Spread 7 Day Increased Youth Cases Rate of Change	Step 4 None		Step 3 Minimal		Step 2 Moderate		Step 1 Substantial	
	Less than 1%		Between 1% and 5%		Between 5% and 8%		Greater than 8%	
IDPH Region 10*	0.28%							
Cook County - North Health District*					6%			
Glenbrook + Border Zip Codes**	-1.96%	52						
Glenbrook Zip Codes**	-55.6%	8						

* Data from September 19, 2020

** Data from September 25, 2020

Health Metric 4: Increased Youth Cases - Rolling 7 Day Average

Increased Youth Cases - Rolling 7 Day Average



Operations Metric 1: Sufficient Inventory / Access to Required PPE

Months or Weeks on Hand	Multiple Months	1 Month	2 Weeks	1 Week
Gloves	X			
Face Masks	X			
Clear Face Masks	X			
Face Shields with Glasses	X			
General Face Shields	X			
Isolation Gowns	X			
Disinfectant Wipes	X			
Hand Sanitizer	X			
Nurse-Specific PPE (e.g., N-95 Fitted)	X			

Operations Metric 2: Implementation of 6 Foot Radius for Learning Spaces

Sample Capacity Analysis

Term	School	Room	Sq. Ft.	6 Ft. Radius Cap.	Actual Soc/Dis Cap.	Scheduled	Block 1			
							50%	33%	25%	100%
S1	GBS	333	1390	52	14	Yes	13	8	7	23
S1	GBS	339	690	26	15	Yes	15	9	9	26
S1	GBS	340	1305	49	14	Yes	12	10	8	24
S1	GBS	341	1230	46	14	Yes	10	8	5	17
S1	GBS	344	1305	49	14	Yes	9	6	6	16
S1	GBS	345	1305	49	14	Yes	10	7	7	18
S1	GBS	348	1370	51	14	Yes	13	11	8	24
S1	GBS	349	1410	53	14	Yes	16	10	9	24
S1	GBS	360	1495	56	14	Yes	12	10	9	22
S1	GBS	362	1500	56	14	Yes	11	9	8	20

Operations Metric 2: Personnel

	Total Count
Certified Staff on Accommodation	237
Highest Number of Additional Staff Required Per Block at Schools to Supervise Classrooms	$56 \text{ (GBN)} + 84 \text{ (GBS)} + 4 \text{ (GBOC)} = 140$
Short-Term Instructional Assistants in the process of onboarding (to Supervise Classroom while Teacher is Remote)	65 (40 additional recent applicants)

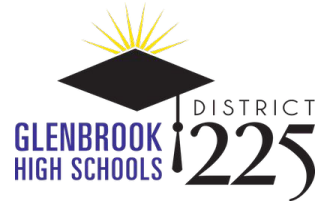
Operations Metric 2: Personnel

- Designed and scheduled a training experience to prepare short-term Instructional Assistants (IAs) to support remote teachers during Step 3.
 - IAs will be primarily supervising students in the classroom when the teacher is remote.
- In the event that sufficient IAs are not able to begin on October 5th:
 - Administrators and district office personnel will be assigned to classroom assignments;
 - Support personnel assignments will be reviewed for potential assignment to a classroom; and
 - Should the above still not provide adequate supervision, further conversations will take place with the Board of Education.

Testing Update

If the school district implemented mandatory COVID-19 testing as a condition to attending school in-person, would you participate in the testing process?

	Parents	Staff
Yes	2,643 (89%)	629 (92.1%)
No	328 (11%)	54 (7.9%)



Progress Updates

Learning and Operational Plan for the 2020-21 School Year

Monday, October 5, 2020

Agenda

1. Review Advisory Committee Roles
2. Update on Transition to Step 3
3. Metrics Update
4. Next Meeting

Advisory Committee Meeting and Membership

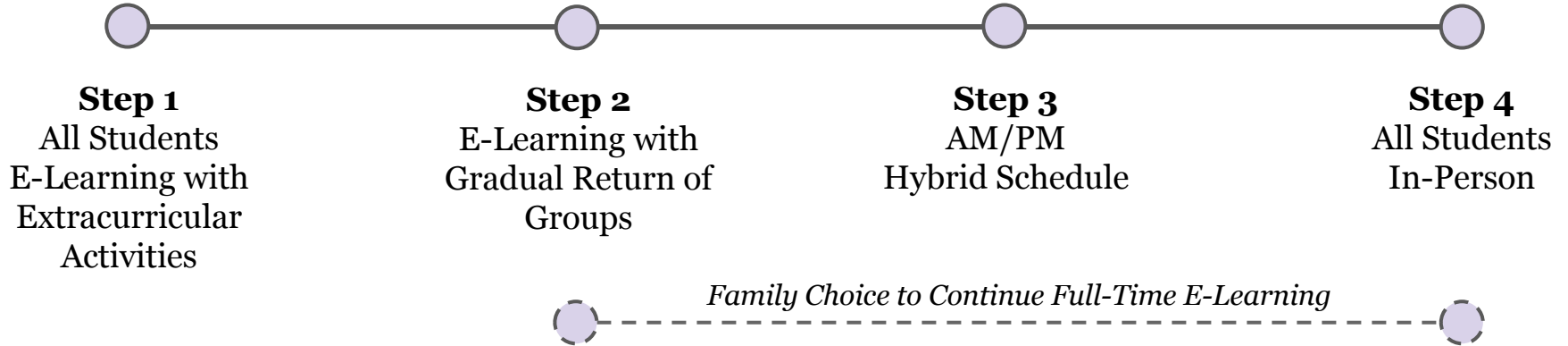
- The advisory committee will meet for the first time on Monday, August 17th.
- The committee membership is being finalized, but will include the following representation:
 - Students (2)
 - Parents (4)
 - Employee Groups
 - Glenbrook Education Association (GEA) (2)
 - Glenbrook Educational Support Staff Association (GESSA) (1)
 - Glenbrook Education Support Paraprofessional Association (GESPA) (1)
 - Board of Education (1)
 - Administration (5)
 - Infectious Disease Specialist (1)

Our Guiding Principles

1. Maintain the health and safety of all students and staff;
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3. Address the social and emotional needs of all students;
4. Provide consistency and stability for all students and staff; and
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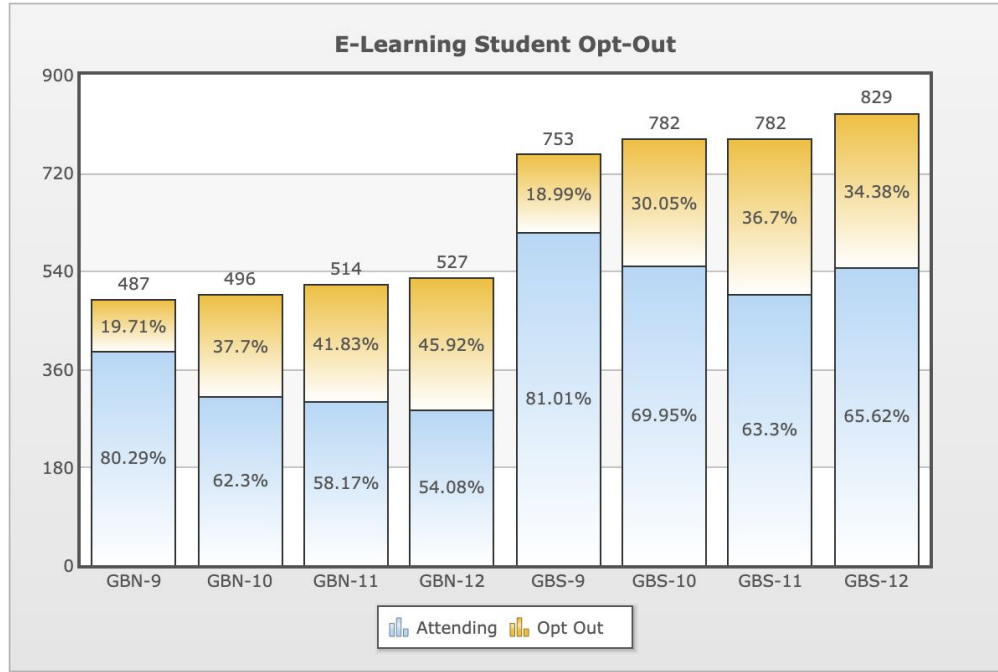
Learning Plan Continuum and Indicators

We are committed to providing live touchpoints every day for every student with every teacher in every class.



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- Implementation of 6 Foot Social Distancing Strategies
- Implemented Cleaning Protocol and Supplies
- Sufficient Inventory/Access to Required PPE
- Sufficient Staff to Provide Supervision (Including Substitute Availability)
- Pedagogical Considerations (Instructional Integrity and Stability for All)

Update on Transition to Step 3



Update on Transition to Step 3

Grand Total: 1062

	Students	Female	Male	IEP	Staff	Teachers	Other
	558	256	302	82	504	189	315
9th	28	24	4	6			
10th	35	28	7	7			
11th	44	16	28	12			
12th	451	188	263	57			

Building-Specific Data:

Glenbrook South High School: 601

	Student	Female	Male	IEP	Staff	Teachers	Other
	356	161	195	50	245	98	147
9th	22	19	3	4			
10th	22	16	6	4			
11th	30	6	24	7			
12th	282	120	162	35			

Glenbrook North High School: 414

	Student	Female	Male	IEP	Staff	Teachers	Other
	199	93	106	29	215	84	131
9th	6	5	1	2			
10th	13	12	1	3			
11th	14	10	4	5			
12th	166	66	100	19			

Metrics

Health Metrics

Local, state, and federal health agency information, data, and guidance.

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2. Test Positivity %
3. Increased Cases - Rolling 7 Day Average
4. Increased Youth Cases - Rolling 7 Day Average

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The resources and preparations necessary to safely and effectively bring students back on campus for learning.

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Geographic Region	Description
IDPH Region 10 [Link]	All of Cook County excluding the City of Chicago
Cook County - North Health District [Link] - School Metrics	North Suburban Cook County
Glenbrook + Border Zip Codes [Link]	60025, 60026, 60062, 60015, 60016, 60022, 60029, 60035, 60053, 60056, 60070, 60077, 60089, 60090, 60091, 60093, 60714
Glenbrook [Link]	60025, 60026, 60062

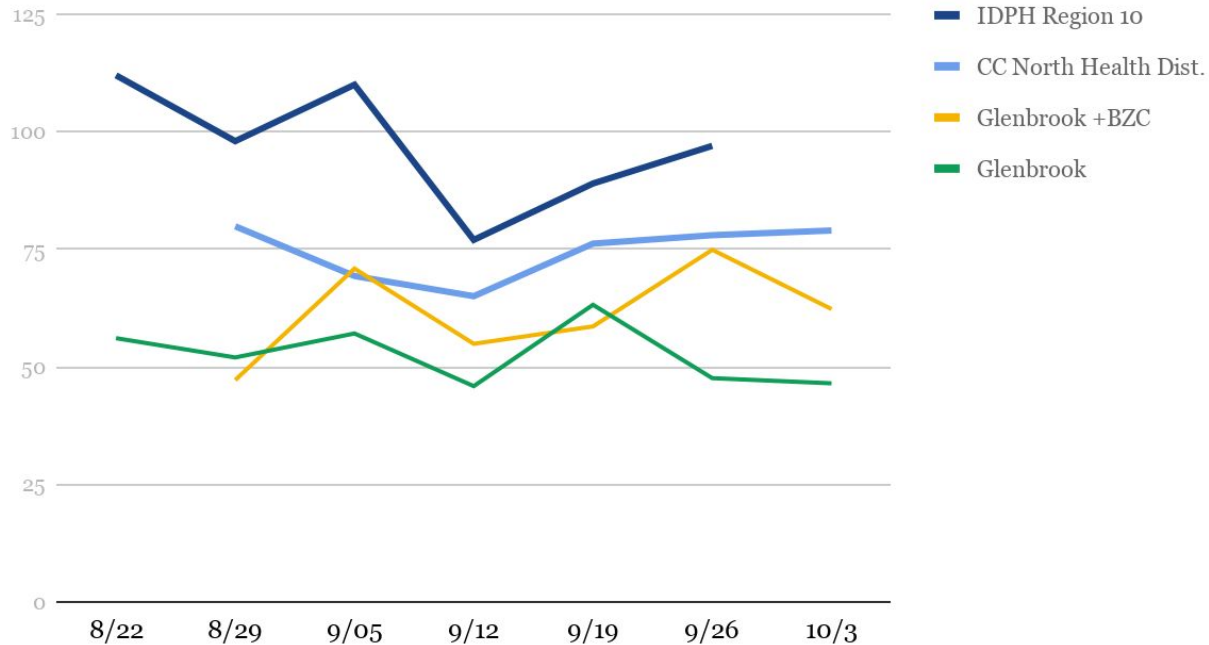
Health Metric 1: Average Weekly Cases Per 100,000

Learning Continuum Step Risk of COVID-19 Spread	Step 4	Step 3	Step 2	Step 1
	None	Minimal	Moderate	Substantial
Case Count	Less than 10	10 - 49	50 - 99	More than 100
IDPH Region 10*			97	
Cook County - North Health District*			79	
Glenbrook + Border Zip Codes			62.3	
Glenbrook Zip Codes		46.5		

* Data from September 26, 2020

Health Metric 1: Average Weekly Cases Per 100,000

Average Weekly Cases Per 100,000



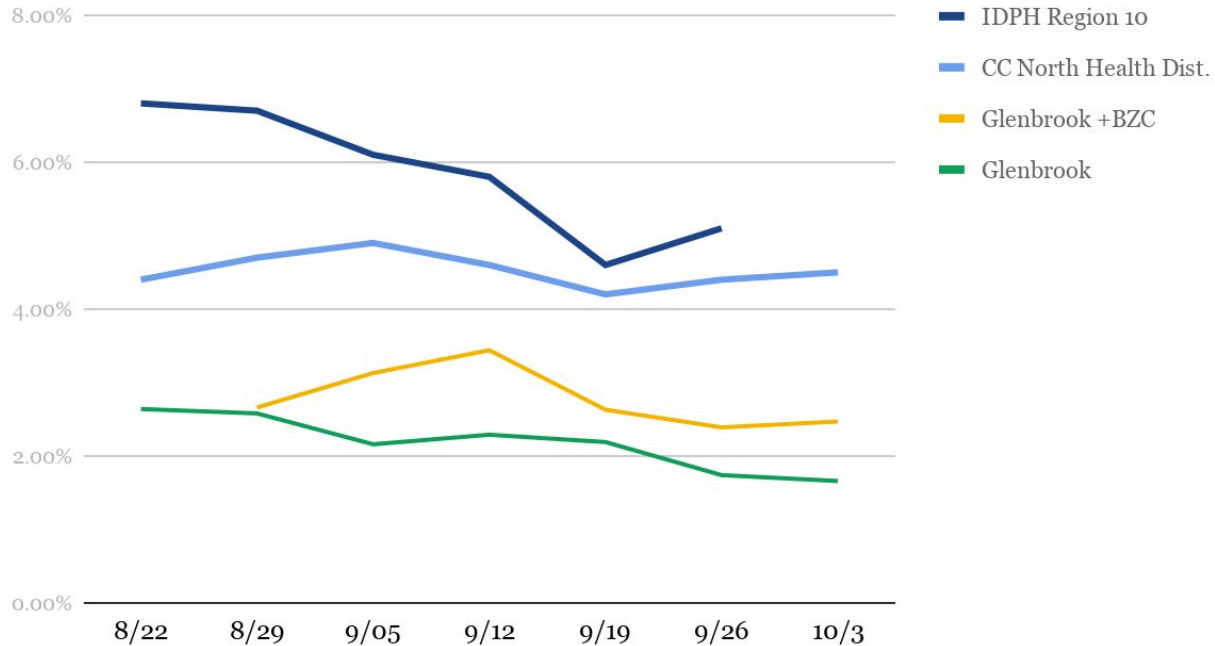
Health Metric 2: Test Positivity %

Learning Continuum Step Risk of COVID-19 Spread	Step 4	Step 3	Step 2	Step 1
	None	Minimal	Moderate	Substantial
Positivity Percentage	Less than 1%	Between 1% and 5%	Between 5% and 8%	Greater than 8%
IDPH Region 10*			5.1%	
Cook County - North Health District*		4.5%		
Glenbrook + Border Zip Codes		2.47%		
Glenbrook Zip Codes		1.66%		

* Date from September 26, 2020

Health Metric 2: Test Positivity %

Test Positivity %



Health Metric 3: Increased Cases - Rolling 7 Day Average

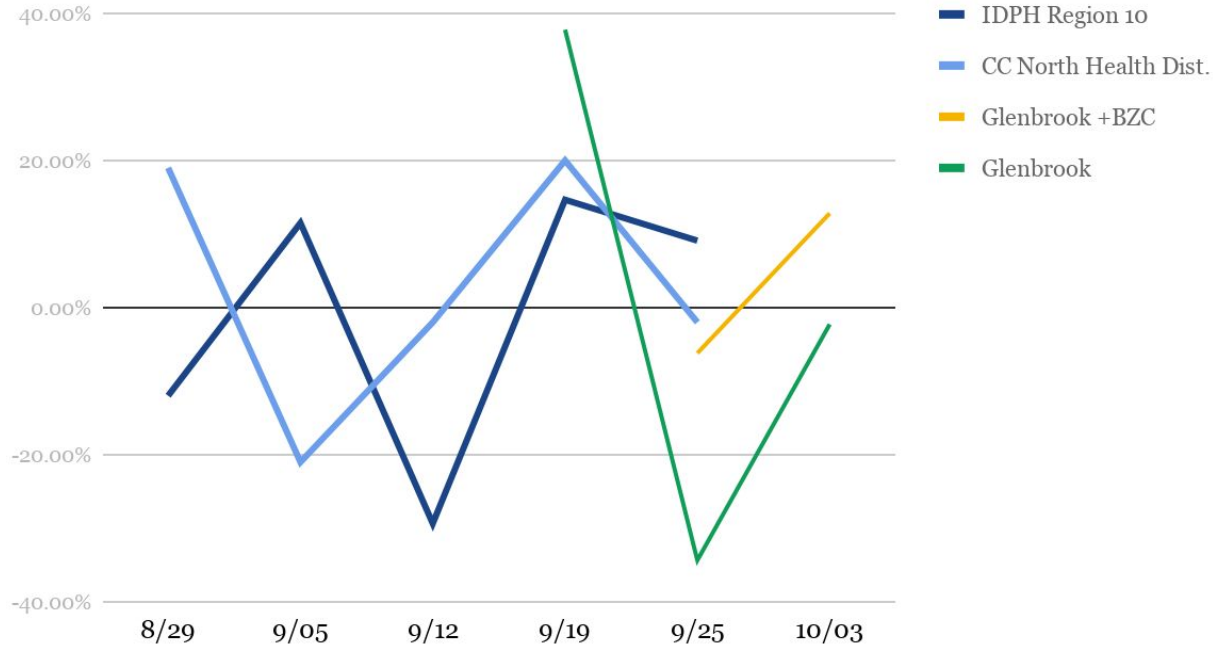
Learning Continuum Step Risk of COVID-19 Spread	Step 4 None		Step 3 Minimal		Step 2 Moderate		Step 1 Substantial			
	7 Day Increased Cases Rate of Change		Less than 5%		Between 5% and 10%		Between 10% and 20%		Greater than 20%	
IDPH Region 10*			9.1%							
Cook County - North Health District*	-2%									
Glenbrook + Border Zip Codes					12.82%+	308				
Glenbrook Zip Codes	-2.27%	43								

* Data from September 26, 2020

+Requires two weeks at this threshold to be regarded as being in a higher category

Health Metric 3: Increased Cases - Rolling 7 Day Average

Increased Cases - Rolling 7 Day Average



Health Metric 4: Increased Youth Cases - Rolling 7 Day Average

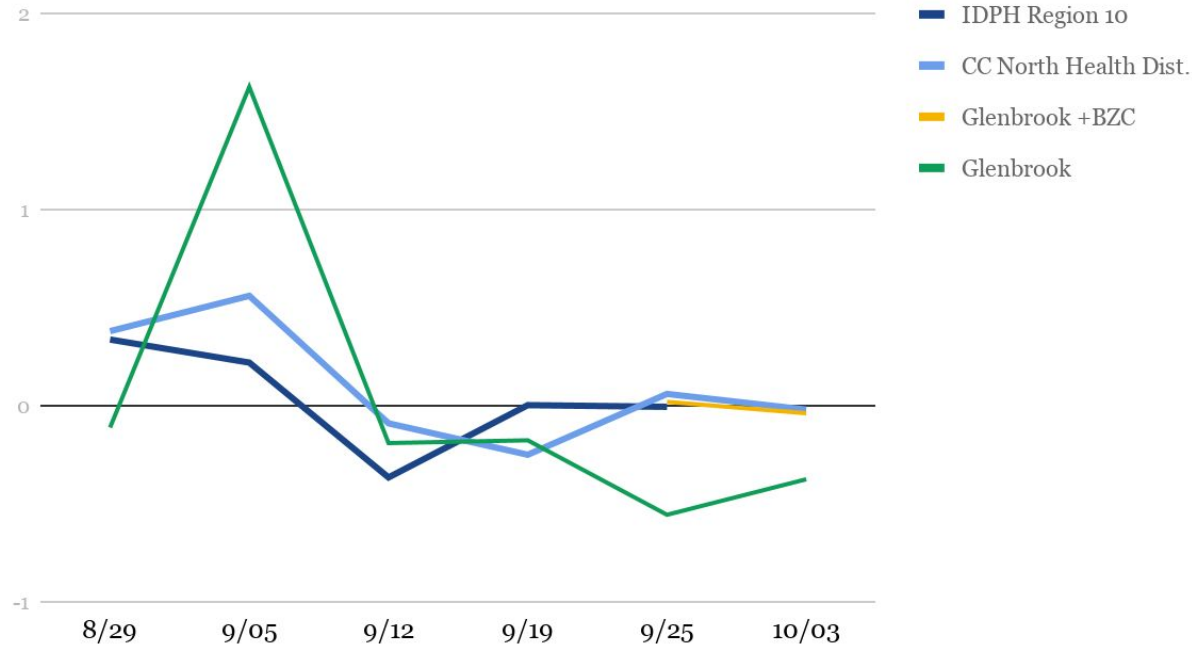
Learning Continuum Step Risk of COVID-19 Spread 7 Day Increased Youth Cases Rate of Change	Step 4 None		Step 3 Minimal		Step 2 Moderate		Step 1 Substantial	
	Less than 5%		Between 5% and 10%		Between 10% and 20%		Greater than 20%	
IDPH Region 10*	-0.56%							
Cook County - North Health District*	-2%							
Glenbrook + Border Zip Codes	-3.85%	50						
Glenbrook Zip Codes	-37.50%	5						

* Data from September 26, 2020

+Requires two weeks at this threshold to be regarded as being in a higher category

Health Metric 4: Increased Youth Cases - Rolling 7 Day Average

Increased Youth Cases - Rolling 7 Day Average



Operations Metric 1: Sufficient Inventory / Access to Required PPE

Months or Weeks on Hand	Multiple Months	1 Month	2 Weeks	1 Week
Gloves	X			
Face Masks	X			
Clear Face Masks	X			
Face Shields with Glasses	X			
General Face Shields	X			
Isolation Gowns	X			
Disinfectant Wipes	X			
Hand Sanitizer	X			
Nurse-Specific PPE (e.g., N-95 Fitted)	X			

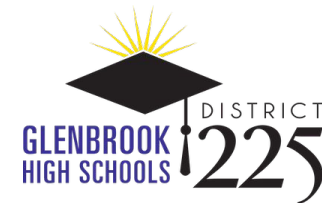
Operations Metric 2: Implementation of 6 Foot Radius for Learning Spaces

Sample Capacity Analysis

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S1	GBS	340	1305	49	14	Yes	12	10	8	24
S1	GBS	341	1230	46	14	Yes	10	8	5	17
S1	GBS	344	1305	49	14	Yes	9	6	6	16
S1	GBS	345	1305	49	14	Yes	10	7	7	18
S1	GBS	348	1370	51	14	Yes	13	11	8	24
S1	GBS	349	1410	53	14	Yes	16	10	9	24
S1	GBS	360	1495	56	14	Yes	12	10	9	22
S1	GBS	362	1500	56	14	Yes	11	9	8	20

Operations Metric 2: Personnel

	Total Count
Certified Staff on Accommodation	232
Highest Number of Additional Staff Required Per Block at Schools to Supervise Classrooms	$55 \text{ (GBN)} + 83 \text{ (GBS)} + 2 \text{ (GBOC)} = 140$
Short-Term Instructional Assistants Confirmed (to Supervise Classroom while Teacher is Remote)	69



Progress Updates

**Learning and Operational Plan for the
2020-21 School Year**

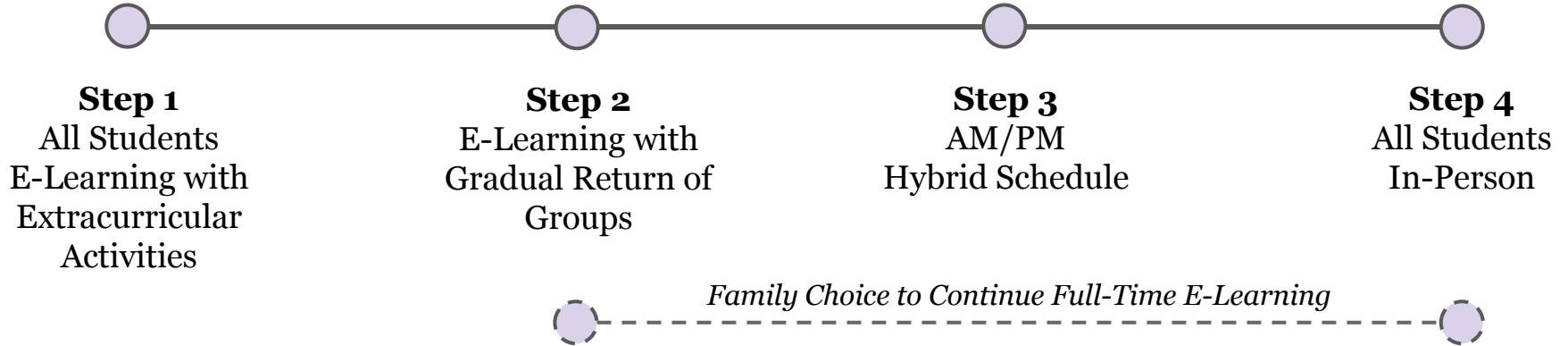
Monday, October 13, 2020

Our Guiding Principles

1. Maintain the health and safety of all students and staff;
2. Provide meaningful and engaging academic experiences for all students;
3. Address the social and emotional needs of all students;
4. Provide consistency and stability for all students and staff; and
5. Provide continuous professional learning opportunities for staff that address learning needs unique to this time.

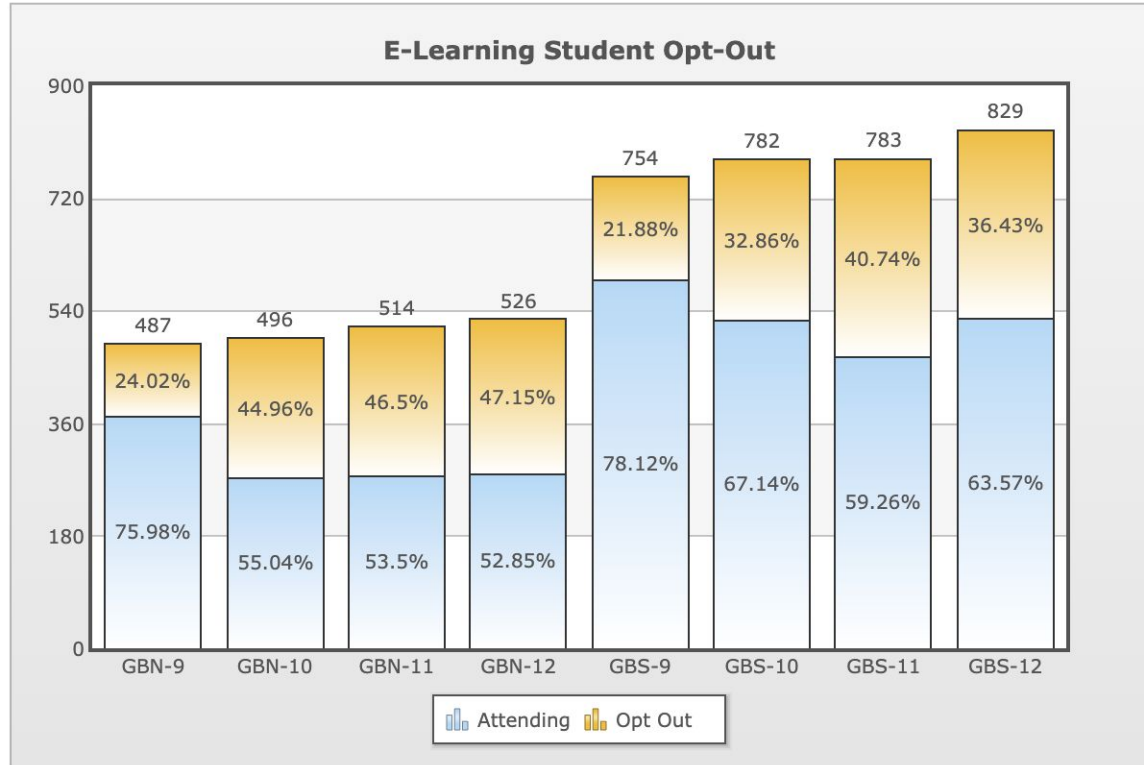
Learning Plan Continuum and Indicators

We are committed to providing live touchpoints every day for every student with every teacher in every class.



- Compliance with Cook County Department of Public Health Guidance
- Implemented Contact Tracing Protocol and Measures to Support Contact Tracing
- Implementation of 6 Foot Social Distancing Strategies
- Implemented Cleaning Protocol and Supplies
- Sufficient Inventory/Access to Required PPE
- Sufficient Staff to Provide Supervision (Including Substitute Availability)
- Pedagogical Considerations (Instructional Integrity and Stability for All)

Update on Transition to Step 3



Update on Transition to Step 3

Represents the total number of unique student/staff kiosk entries between Monday, October 5, 2020 and Monday, October 12, 2020. This includes school day and before/after activity entries.

	Glenbrook North	Glenbrook Off Campus	Glenbrook South
Grade 9	185	0	272
Grade 10	315	5	408
Grade 11	315	2	387
Grade 12	350	3	470
<i>Total Students</i>	1,165	10	1,537
Staff	323	18	382

Metrics

Health Metrics

Local, state, and federal health agency information, data, and guidance.

1. Average Weekly Cases Per 100,000
2. Test Positivity %
3. Increased Cases - Rolling 7 Day Average
4. Increased Youth Cases - Rolling 7 Day Average

Operations Metrics

The resources and preparations necessary to safely and effectively bring students back on campus for learning.

1. Sufficient Inventory / Access to Required PPE
2. Implementation of 6 Foot Radius for Learning Spaces
3. Personnel

Health Metric Definitions



Geographic Region	Description
IDPH Region 10 [Link]	All of Cook County excluding the City of Chicago
Cook County - North Health District [Link] - School Metrics]	North Suburban Cook County
Glenbrook + Border Zip Codes (BZC) [Link]	60025, 60026, 60062, 60015, 60016, 60022, 60029, 60035, 60053, 60056, 60070, 60077, 60089, 60090, 60091, 60093, 60714
Glenbrook [Link]	60025, 60026, 60062

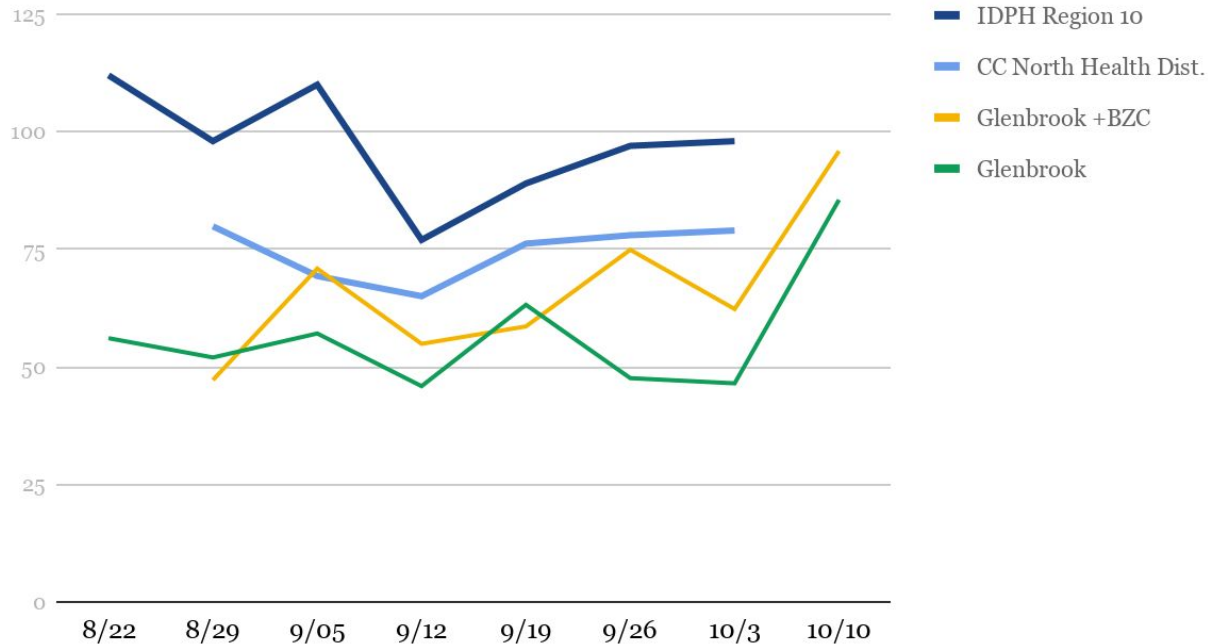
Health Metric 1: Average Weekly Cases Per 100,000

Learning Continuum Step Risk of COVID-19 Spread	Step 4	Step 3	Step 2	Step 1
	None	Minimal	Moderate	Substantial
Case Count	Less than 10	10 - 49	50 - 99	More than 100
IDPH Region 10*			98	
Cook County - North Health District*			79	
Glenbrook + Border Zip Codes			95.9	
Glenbrook Zip Codes			85.5	

* Data from October 3, 2020

Health Metric 1: Average Weekly Cases Per 100,000

Average Weekly Cases Per 100,000



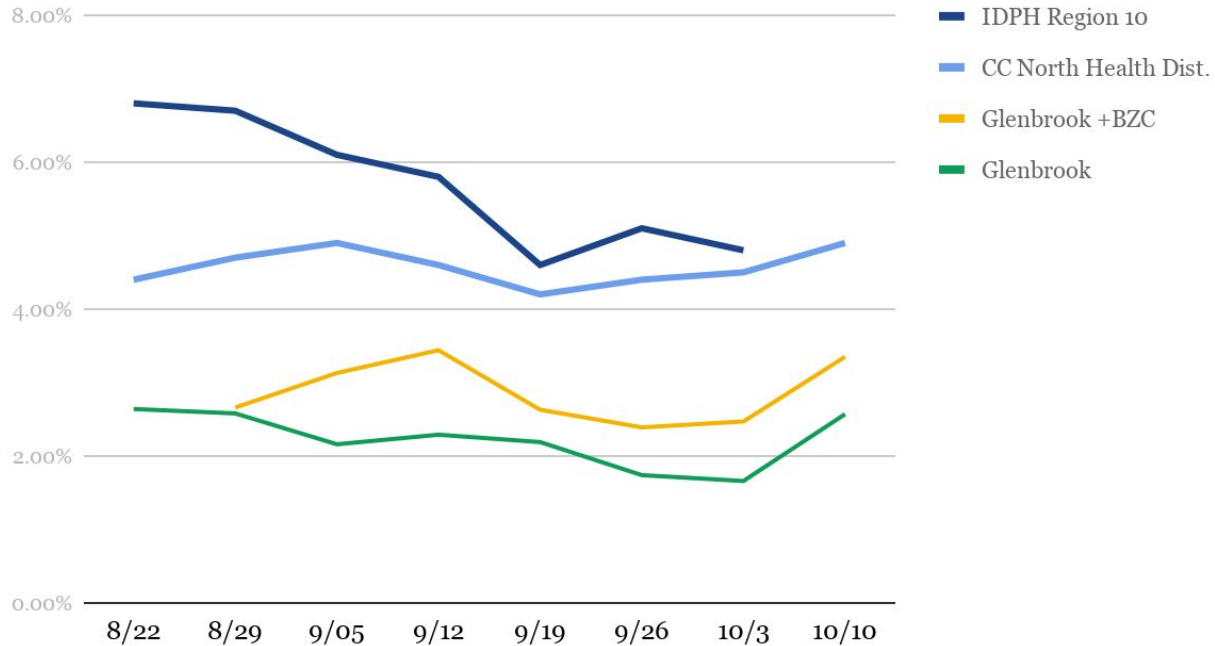
Health Metric 2: Test Positivity %

Learning Continuum Step Risk of COVID-19 Spread	Step 4	Step 3	Step 2	Step 1
	None	Minimal	Moderate	Substantial
Positivity Percentage	Less than 1%	Between 1% and 5%	Between 5% and 8%	Greater than 8%
IDPH Region 10*		4.8%		
Cook County - North Health District		4.9%		
Glenbrook + Border Zip Codes		3.35%		
Glenbrook Zip Codes		2.57%		

* Date from October 3, 2020

Health Metric 2: Test Positivity %

Test Positivity %



Health Metric 3: Increased Cases - Rolling 7 Day Average

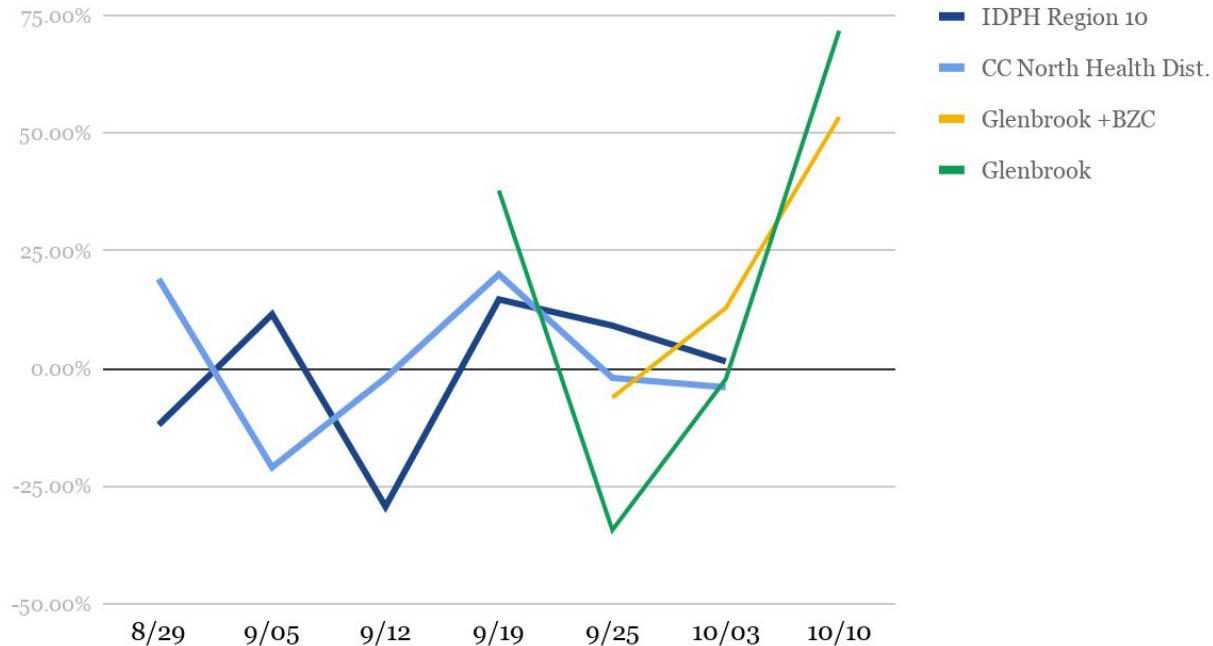
Learning Continuum Step Risk of COVID-19 Spread 7 Day Increased Cases Rate of Change	Step 4 None		Step 3 Minimal		Step 2 Moderate		Step 1 Substantial	
	Less than 5%		Between 5% and 10%		Between 10% and 20%		Greater than 20%	
IDPH Region 10*	1.5%							
Cook County - North Health District*	-4%	703						
Glenbrook + Border Zip Codes							53.40%	474
Glenbrook Zip Codes							71.74%	79

* Data from October 3, 2020

+Requires two weeks at this threshold to be regarded as being in a higher category

Health Metric 3: Increased Cases - Rolling 7 Day Average

Increased Cases - Rolling 7 Day Average



Health Metric 4: Increased Youth Cases - Rolling 7 Day Average

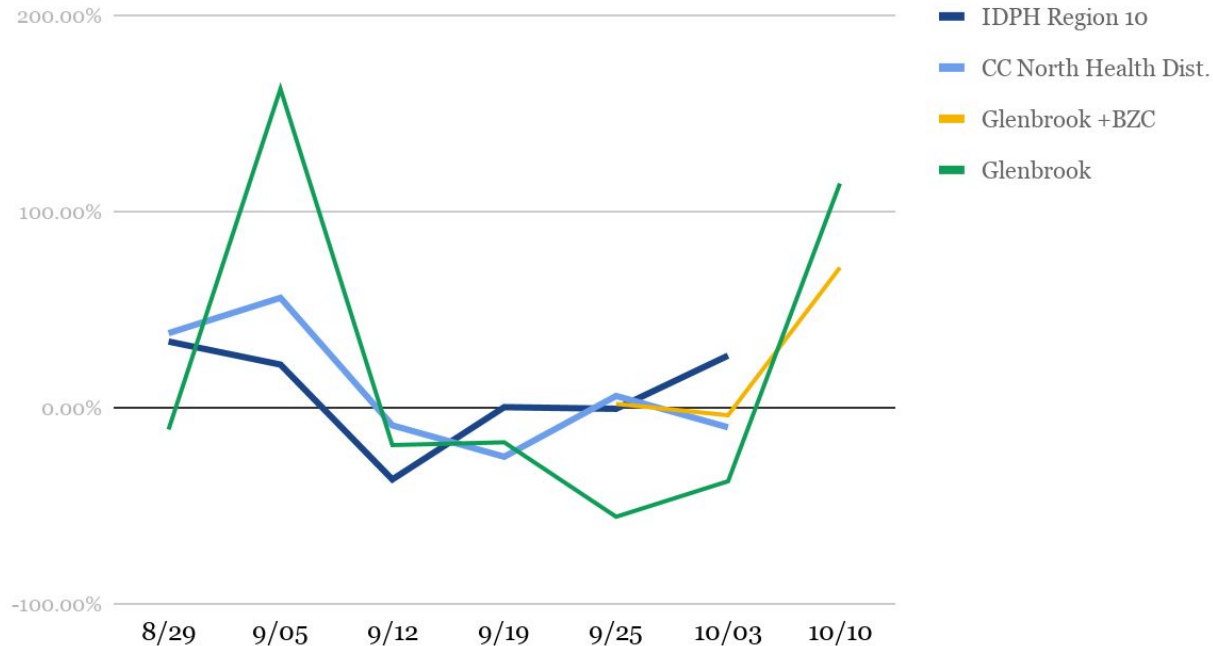
Learning Continuum Step Risk of COVID-19 Spread 7 Day Increased Youth Cases Rate of Change	Step 4 None		Step 3 Minimal		Step 2 Moderate		Step 1 Substantial	
	Less than 5%		Between 5% and 10%		Between 10% and 20%		Greater than 20%	
IDPH Region 10*							26.5	453
Cook County - North Health District*	-10%	114						
Glenbrook + Border Zip Codes							71.43%	84
Glenbrook Zip Codes							114.3%	15

* Data from October 3, 2020

+Requires two weeks at this threshold to be regarded as being in a higher category

Health Metric 4: Increased Youth Cases - Rolling 7 Day Average

Increased Youth Cases - Rolling 7 Day Average



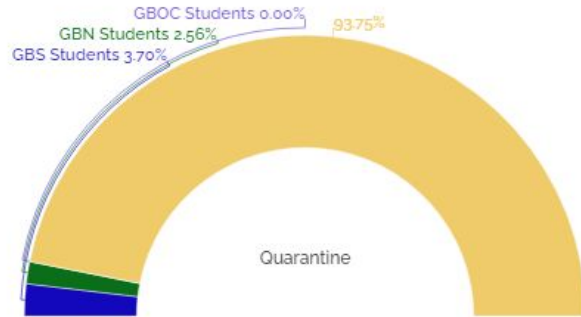
D225 Case Data

Glenbrook D225 Quarantine and Positivity Data

Student Data



Total D225 Students - 5300



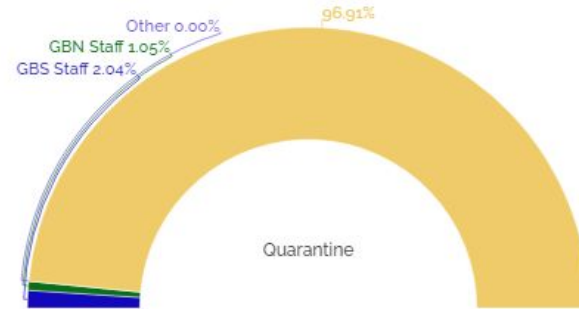
Student Data

Share

Staff Data



Total D225 Staff - 850



Staff Data

Made with Infogram

Operations Metric 1: Sufficient Inventory / Access to Required PPE

Months or Weeks on Hand	Multiple Months	1 Month	2 Weeks	1 Week
Gloves	X			
Face Masks	X			
Clear Face Masks	X			
Face Shields with Glasses	X			
General Face Shields	X			
Isolation Gowns	X			
Disinfectant Wipes	X			
Hand Sanitizer	X			
Nurse-Specific PPE (e.g., N-95 Fitted)	X			

Operations Metric 2: Implementation of 6 Foot Radius for Learning Spaces

Sample Capacity Analysis

Term	School	Room	Sq. Ft.	6 Ft. Radius Cap.	Actual Soc/Dis Cap.	Scheduled	Block 1			
							50%	33%	25%	100%
S1	GBS	333	1390	52	14	Yes	13	8	7	23
S1	GBS	339	690	26	15	Yes	15	9	9	26
S1	GBS	340	1305	49	14	Yes	12	10	8	24
S1	GBS	341	1230	46	14	Yes	10	8	5	17
S1	GBS	344	1305	49	14	Yes	9	6	6	16
S1	GBS	345	1305	49	14	Yes	10	7	7	18
S1	GBS	348	1370	51	14	Yes	13	11	8	24
S1	GBS	349	1410	53	14	Yes	16	10	9	24
S1	GBS	360	1495	56	14	Yes	12	10	9	22
S1	GBS	362	1500	56	14	Yes	11	9	8	20

Operations Metric 2: Personnel

	Total Count
Certified Staff on Accommodation	226
Highest Number of Additional Staff Required Per Block at Schools to Supervise Classrooms	$52 \text{ (GBN)} + 81 \text{ (GBS)} + 3 \text{ (GBOC)} = 136$
Short-Term Instructional Assistants Confirmed (to Supervise Classroom while Teacher is Remote)	123

Childcare Opportunity

- The Glenview Park District and Wesley Child Care are offering a **Camp REC** program at Park Center (in the Glen) to support students in e-learning and hybrid programs.
- Students in Kindergarten through 8th Grade are placed in a pod of 10-15 students with two adult supervisors. The adults facilitate the student's e-learning and provide activities during breaks throughout the day.
- Standard pricing includes a 8-hour program costs \$400/week per child; an 11-hour program costs \$550/week per child. This cost includes lunch and snacks for participants.
- The Glenview Park District does have capacity, and is willing to work with the school district to customize a program to meet the needs of our staff.



Northfield Township High School District 225

Employment Application

Openings as of 10/19/2020

Instructional Assistant - Short-Term Assignment

JobID: 2523

Position Type:

Instructional Assistant

0

[Email To A Friend](#)

[Print Version](#)

Date Posted:

9/17/2020

Location:

Glenbrook North and Glenbrook South

Date Available:

10/01/2020

Glenbrook High Schools District 225 is seeking candidates to fill the role of **Short-Term Instructional Assistant**.

Effective October 5th, District 225 may be entering Step 3 of the Learning and Operational Plan for Fall 2020. This would implement a hybrid schedule for in-person and remote learning. As a result, we are seeking classroom instructional assistants to serve in-person while an accommodated classroom teacher is instructing remotely.

We are seeking individuals to serve a short-term assignment (2-4 weeks) in various classrooms and departments. However, the need for these assignments will be reviewed regularly and may be extended.

Below are details regarding this assignment:

Duration: Approximately 2-4 weeks (may be extended)

Hourly Rate: \$24.83

Buildings: GBN, GBS and GBOC

Technical Setup: Chromebook and security access provided (staff ID)

Anticipated Start Date: October 1

FMLA regulations require all employers to post the [updated FMLA notice](#).

Powered by applicant tracking, a product of Frontline Education.



Rosanne Marie Williamson <rwilliamson@glenbrook225.org>

10.20.20. FOIA Kapsim request for information

1 message

Rosanne Marie Williamson <rwilliamson@glenbrook225.org>

Tue, Oct 27, 2020 at 11:44 AM

To: kathy kapsim <kkapsimalis@yahoo.com>

Bcc: Elaine Geallis <egeallis@glenbrook225.org>, Brad Swanson <bswanson@glenbrook225.org>, Charles Johns <cjohns@glenbrook225.org>

Dear Ms. Kapsimalis,

Thank you for writing to Glenbrook High School District 225 with your request for information pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq ("Act").

On 10/20/20 we received your request for the following information:

- Documents which relate in any way to teachers' requests for childcare accommodations.
District Response: Please see attached.
- Documents which relate in any way to teachers' requests for medical condition accommodations.
District Response: Please see attached.
- Documents which relate in any way to teachers' requests for age-related concern and/or health issue of a relative accommodations.
District Response: Please see attached.
- Any and all blank forms and surveys that teachers are required to fill out to request one of these accommodations: childcare, medical conditions, age-related concerns and/or health issues of a relative.
District Response: Please see attached.
- Any and all documents relating to any changes that have been made to the teachers' CBA since March 13, 2020.
District Response: The District possesses no documents responsive to your request.

Sincerely,

Rosanne Williamson, Ed.D.
Secretary, Board of Education
Assistant Superintendent for Educational Services
Glenbrook High School District 225
3801 West Lake Avenue
Glenview, IL 60026

----- Forwarded message -----

From: 'kathy kapsim' via FOIA <Foia@glenbrook225.org>

Date: Mon, Oct 19, 2020 at 10:36 PM

Subject: FOIA request for information

To: foia@glenbrook225.org <foia@glenbrook225.org>

Dear Dr. Williamson,

I am requesting information pursuant to the Freedom of Information Act. Please provide the following documents to me.

Documents which relate in any way to teachers' requests for childcare accommodations.

Documents which relate in any way to teachers' requests for medical condition accommodations.

Documents which relate in any way to teachers' requests for age-related concern and/or health issue of a relative accommodations.

Any and all blank forms and surveys that teachers are required to fill out to request one of these accommodations: childcare, medical conditions, age-related concerns and/or health issues of a relative.

Any and all documents relating to any changes that have been made to the teachers' CBA since March 13, 2020.

Please note that the word documents includes any and all electronic communications (as well as hard copy documents), including but not in any way limited to emails, memos, summaries, notes, presentations, etc.

Please let me know if you need anything further from me.

Thank you for your assistance,

Kathy Kapsimalis

2 attachments



Forms.pdf
490K



Glenbrook High School District 225 Mail - Fwd_ Accommodation Request Process_ 2020-21.pdf
69K

Accommodation Request - Employee Medical Condition

Glenbrook High School District 225 is committed to providing appropriate accommodations when necessary to provide equal access and opportunities to qualified individuals with disabilities.

If you believe that a reasonable accommodation for your medical condition will assist you in the performance of your job, please complete this form.

Please know that medical documentation will be required in order to consider your accommodation request. Medical documentation will be required to complete this Form completely. Please submit this Form once you have obtained medical documentation. Should your need be urgent (action needed within 24 hours), please email both Brad Swanson, Assistant Superintendent for Human Resources (bswanson@glenbrook225.org) and Alice Raflores, Director of Human Resources (araflores@glenbrook225.org).

Please know that any protected health information will be kept confidential. Your submission will only be viewable by the Human Resources Department. Any information that be used for statistical information will exclude any identifying information.

* Required

1. First Name *

2. Last Name *

3. Building *

Mark only one oval.

GBA

GBN

GBS

GBO

4. Department/Area *

5. Position/Title *

Mark only one oval.

GEA Certified Staff

GESSA Clerical

GESSA Specialist

GESSA Technology

Senior ESP (ESP Managers)

Plant Operations

Instructional Assistant

GESPA Paraprofessional

Administration

6. Are you currently Full-Time or Part-Time? *

Mark only one oval.

Full-Time

Part-Time

7. Please describe the physical or mental impairment(s) or limitation(s) for which you are seeking accommodations. *

8. Explain how your condition impairs or limits your ability to perform assigned job duties. *

9. What is the expected duration of the medical condition (if known)? *

10. Is your accommodation request to work remotely due to COVID-19 related concerns? *

Mark only one oval.

Yes

No

11. If you answered yes to the previous question, at what Learning and Operational Plan Step are you requesting that your accommodation begin?

Mark only one oval.

Step Two

Step Three

Step Four

12. Describe any related details or information to your remote work accommodation request. *

13. Are you requesting a piece of equipment or device to accommodate your in-person work? *

Mark only one oval.

Yes

No

14. If you answered yes to the previous question, please offer specifics to your request.

- 15. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? *

Mark only one oval.

Yes

No

- 16. If you answered yes to the previous question, please detail the options you are suggesting.

- 17. Describe how your requested accommodations will enable you to perform your job. *

- 18. Has a health care professional recommended a specific accommodation? *

Mark only one oval.

Yes

No

19. If you answered yes to the previous question, please describe the specific accommodation. (Documentation will be required below.)

20. Is your request time-sensitive? *

Mark only one oval.

Yes

No

21. If you answered yes to the previous question, please explain.

22. Please provide any other information that might help us evaluate your request. *

Accommodation Documentation and Acknowledgement

23. Please know that all requests for accommodation will require a physician's note or applicable document. Please attached your documents here. Please know any document(s) that you attach will be treated as confidential and only viewable by the Human Resources Department. Should your physician require a template, you may find one here: <https://tinyurl.com/y3sml dj6> (copy/paste link). You may submit this form without your documentation, but please know that your request will not be fully processed until it is received. Please send it directly to Brad and Alice when available.

Files submitted:

24. I give Glenbrook High School District 225 permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. This may include speaking to appropriate personnel at the District as well as at my health care provider. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements. I further understand that depending on my limitations and specific request for accommodation, I may be required to provide appropriate additional documentation of my disability, including the impact of the functional limitations on my ability to perform the essential functions of my job. *

Mark only one oval.

Yes

No

Thank you
for your
request
and
submission.

Please know that the Human Resources Department has received your request. Upon our review of your request and documentation, the Human Resources Department will contact you as soon as possible. Please know that in our review of your request, we may have follow-up questions, need to contact your supervisor, and/or require additional documentation. Should you have any immediate questions, please contact Brad Swanson or Alice Raflares.

This content is neither created nor endorsed by Google.

Google Forms

Accommodation Request - Consideration of Family Member(s)

Glenbrook High School District 225 is committed to providing reasonable accommodations when necessary to provide equal access and opportunities to qualified individuals with disabilities. Although the district is not required to provide reasonable accommodations for family members with disabilities, we recognize that this is an unusual year and we are reviewing requests for consideration for family members. If you believe that a reasonable accommodation for your family member's medical condition will assist you in the performance of your job, please complete this form.

Please know that medical documentation will be required in order to consider your accommodation request. Medical documentation will be required to complete this Form completely. Please submit this Form once you have obtained medical documentation. Should your need be urgent (action needed within 24 hours), please email both Brad Swanson, Assistant Superintendent for Human Resources (bswanson@glenbrook225.org) and Alice Raflones, Director of Human Resources (araflores@glenbrook225.org).

Please know that any protected health information will be kept confidential. Your submission will only be viewable by the Human Resources Department. Any information that be used for statistical information will exclude any identifying information.

* Required

1. First Name *

2. Last Name *

3. Building *

Mark only one oval.

GBA

GBN

GBS

GBO

4. Department *

5. Position/Title *

Mark only one oval.

GEA Certified Staff

GESSA Clerical

GESSA Specialist

GESSA Technology

Senior ESP (ESP Managers)

Plant Operations

Instructional Assistant

GESPA Paraprofessional

Administration

6. Are you currently Full-Time or Part-Time? *

Mark only one oval.

Full-Time

Part-Time

7. Position Type *

Mark only one oval.

Certified

Non-Certified

8. Family Member(s) with Medical Condition (Please list each family member separated by a comma). *

9. Are you the primary caregiver of any family members? If yes, please list the name and relationship of those family members that you are the primary caregiver. If no, please reply with "no". *

10. Family Member's Relationship to You (Please separate each family member by a comma). *

11. Does the family member(s) live with you full-time? *

Mark only one oval.

Yes

No

12. Please describe your family member’s physical or mental impairment(s) or limitation(s) for which you are seeking a personal accommodation. Please provide details for each family member, if applicable. *

13. Explain how your family member’s health situation impairs or limits your ability to perform your assigned job duties. Please detail each family member, if applicable. *

14. What is the expected duration of the family member’s medical condition (if known)? *

15. Is your accommodation request to work remotely due to COVID-19 related concerns? *

Mark only one oval.

Yes

No

16. If you answered yes to the previous question, at what Learning and Operational Plan Step are you requesting that your accommodation begin?

Mark only one oval.

Step 2

Step 3

Step 4

17. Describe any related details or information to your remote work accommodation request. *

18. Are you requesting a piece of equipment or device to accommodate your in-person work? *

Mark only one oval.

Yes

No

19. If you answered yes to the previous question, please offer specifics to your request.

20. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? *

Mark only one oval.

Yes

No

21. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? *

22. Describe how the requested accommodations will enable you to perform your job.

*

23. Has a health care professional recommended a specific accommodation? *

Mark only one oval.

Yes

No

24. If you answered yes to the previous question, please describe the recommended accommodation. (Documentation will be required below.) *

25. Is your request time-sensitive? *

Mark only one oval.

Yes

No

26. If you answered yes to the previous question, please explain.

27. Please provide any other information that might help us evaluate your request. *

Accommodation Documentation and Acknowledgement

28. Please know that all requests for accommodation will require a physician's note or applicable document. Please attached your documents here. Please know any document(s) that you attach will be treated as confidential and only viewable by the Human Resources Department. Should your physician require a template, you may find one here: <https://tinyurl.com/y3sml dj6> (copy/paste link). You may submit this form without your documentation, but please know that your request will not be fully processed until it is received. Please send it directly to Brad and Alice when available.

Files submitted:

Thank you
for your
request
and
submission.

Please know that the Human Resources Department has received your request. Upon our review of your request and documentation, the Human Resources Department will contact you as soon as possible. Please know that in our review of your request, we may have follow-up questions, need to contact your supervisor, and/or require additional documentation. Should you have any immediate questions, please contact Brad Swanson or Alice Raflares.

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Accommodation Request - Child Care Need (school or place of care is closed [or child care provider is unavailable] due to COVID-19 related concern)

Please know that any protected health information will be kept confidential. Your submission will only be viewable by the Human Resources Department. Any information that is used for statistical information will exclude any identifying information.

* Required

1. First Name *

2. Last Name *

3. Building *

Mark only one oval.

GBA

GBN

GBS

GBO

4. Department *

5. Position *

Mark only one oval.

- GEA Certified Staff
- GESSA Clerical
- GESSA Specialist
- GESSA Technology
- Senior ESP (ESP Managers)
- Plant Operations
- Instructional Assistant
- GESPA Paraprofessional
- Administration

6. Are you currently Full-Time or Part-Time? *

Mark only one oval.

- Full-Time
- Part-Time

7. Please provide the name and age of the child (or children) to be cared for. Please separate each child with common (e.g. Michael 1, Claire 4, Drew 6). *

8. The name of the school(s) that closed or place of care that is unavailable due to COVID-19. *

9. What is the expected duration of the school or childcare provider closure? *

10. If your child's school will be in session and on a part-time schedule, please detail the schedule. *

11. What hours/days would you need accommodations (e.g. work remotely) to accommodate your child care needs? *

12. Describe your requested accommodations. *

13. Describe how the requested accommodations will enable you to perform your job. *

14. Please provide any other information that might help us evaluate your request.

Accommodation Documentation and Acknowledgement

15. Please know that this request for accommodation will require additional documentation from the school or childcare provider. Please attach any and all relevant informational documents here. Please know any document(s) that you attach will be treated as confidential and only viewable by the Human Resources Department. (You may submit this form without your documentation, but please know that your request will not be fully processed until it is received. Please send it directly to Brad and Alice when available.)

Files submitted:

Thank you
for your
request
and
submission.

Please know that the Human Resources Department has received your request. Upon our review of your request and documentation, the Human Resources Department will contact you as soon as possible. Please know that in our review of your request, we may have follow-up questions and may need to contact your supervisor. Should you have any immediate questions, please contact Brad Swanson or Alice Rafloros.

This content is neither created nor endorsed by Google.





Rosanne Marie Williamson <rwilliamson@glenbrook225.org>

Fwd: Accommodation Request Process: 2020-21

1 message

Rosanne Marie Williamson <rwilliamson@glenbrook225.org>
To: Rosanne Marie Williamson <rwilliamson@glenbrook225.org>

Tue, Oct 13, 2020 at 3:22 PM

----- Forwarded message -----

From: **Brad Swanson** <bswanson@glenbrook225.org>
Date: Tue, Jul 28, 2020 at 10:21 AM
Subject: Accommodation Request Process: 2020-21
To: allstaff <allstaff@glenbrook225.org>

Hi all,

I hope that you and your family have remained safe during these challenging times.

At last night's meeting, the school board approved the [Learning and Operational Plan](#) for this fall.

This plan utilizes a four-step continuum and possible movement dates in the following ways:

- Step One is to begin on August 19 utilizing the e-learning format for all students
- Step Two is likely to begin on Tuesday, September 8, and remains an e-learning format, but begins to provide additional in-person services for identified students
- Step Three, which may begin no earlier than Monday, October 5, provides an AM/PM hybrid model of no greater than 50% of the student body in the building at any one time
- Step Four provides in-person instruction for all students.

I encourage you to review the entire [Learning and Operational Plan](#) to fully understand the specific aspects of the various learning environments and the many operational and safety procedures that will be in place throughout the plan.At this time, the Human Resources Department would like to better understand how the Learning and Operational Plan may impact your ability to return to in-person work. If you are interested in seeking an accommodation, whether that is to alter your in-person working environment or to work remotely in some fashion, please review and complete the appropriate **Accommodation Request Form**. You may request an accommodation to become active upon the district's movement to Step Two, Step Three, or Step Four. Please know that appropriate documentation will be required to complete your request.Even though an accommodation request may occur at any time during a school year, we are asking for the initial requests to be **submitted by Monday, August 3**, in order to best facilitate our planning for the start of the school year.**Accommodation Request Forms:****Accommodation Request - Employee Medical Condition**

- Note: This form should also be used for those with age-related concerns for yourself.

Accommodation Request - Consideration of Family Member(s)

- Note: This form should also be used for those with age-related concerns for your family member(s).

Accommodation Request - Child Care Need

Please know that the Human Resources Department will make every effort to review and respond to your request in a timely manner. Please let Alice or me know if you have questions or concerns, and thank you for your understanding and patience throughout this process.

Thanks,
BradBrad Swanson
Assistant Superintendent for Human Resources

10/13/2020

Glenbrook High School District 225 Mail - Fwd: Accommodation Request Process: 2020-21

Glenbrook High Schools District 225
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