

# SOUTHWESTERN LAW SCHOOL

## L O S A N G E L E S

### **Student Remote Attendance Request Questionnaire Primary Caregiver, 2022–2023**

Subject to ABA accreditation standards and guidelines, Southwestern may approve remote attendance for COVID-related reasons for some classes for students who are primary caregivers of certain vulnerable individuals who are not eligible or able to receive a COVID-19 vaccination. Please see additional details and requirements below.

Southwestern may approve remote attendance for students who live in the same household on a regular basis with **and**

- (1) are a primary caregiving parent of or legal guardian—defined as a person with direct, regular, and ongoing responsibilities for the minor child’s daily living needs—for a minor child who is (a) not currently eligible for a COVID-19 vaccination (currently those under six months old) **and** (b) not attending daycare or school outside the home or regularly engaging in other activities in public settings; **or**
- (2) are a primary caregiver—defined as a person with direct, regular, and ongoing responsibilities for the care recipient’s daily living needs or medical care—for an individual who (a) is medically precluded from receiving a COVID-19 vaccination **and** (b) therefore at a higher risk for death or hospitalization if they contract COVID-19 **and** (c) does not work or attend classes outside of the home or regularly engage in other activities in public settings.

For either situation, the Southwestern student must also demonstrate that they and others in the household do not regularly engage in activities outside of the home or in public settings. We will also consider whether other individuals enter the household on a regular basis.

**An exemption approved under this first category will expire when the child becomes eligible for a COVID-19 vaccination—even under an FDA emergency approval—and the minimum time period to become fully vaccinated has elapsed.** “Minimum time period to become fully

elapsed” will be calculated as follows: date the child becomes eligible for a vaccination, plus the recommended time period between two-dose or three-dose vaccines, plus 14 days after the final dose. We encourage you to email [covidmanager@swlaw.edu](mailto:covidmanager@swlaw.edu) to calculate the specific dates involved for your situation or if you need a short extension (under two weeks). We also encourage you to review the pertinent sections of the [CDC website](#).

To request remote attendance, the student must: (1) complete and submit this questionnaire; (2) provide all required documentation; and (3) engage in an interactive process with Southwestern administrators. Student caregivers for a medically vulnerable individual (option 2 above) must submit medical documentation for the care recipient.

**Student Instructions:** Students who are **primary caregivers for a child who is not eligible for a COVID-19 vaccination** should complete Sections 1 and 3. Students who are **primary caregivers for a medically vulnerable care recipient precluded from receiving a COVID-19 vaccination** should complete Sections 2 and 3. All student primary caregivers who wish to initiate the remote attendance request process should submit this questionnaire and required documents and materials to Southwestern’s COVID Compliance Manager at [covidmanager@swlaw.edu](mailto:covidmanager@swlaw.edu) by **June 30, 2022**—or as soon as you are aware of a basis to make a remote attendance request. For an entering student admitted after this deadlines, please check your admissions letter for your specific deadlines or contact Associate Dean Lisa Gear at [lgear@swlaw.edu](mailto:lgear@swlaw.edu).

Following receipt of a completed application, a designated committee will review the documentation, request an interview, and approve or deny the remote attendance request. Decisions are typically issued within 10 business days. The committee’s determination is not appealable.

Southwestern reserves the right to revoke approval for remote attendance upon a change in circumstances or to request additional or new information at any time.

Following receipt of a completed application and supporting documents, a designated committee will commence its review and contact you regarding an interview. Requests will be reviewed on a rolling basis, starting the week of May 16, 2022.

*We encourage any student who believes they may qualify for one of these accommodations and wishes to seek the accommodation for SCALE Period 2 or classes that begin in August 2022 to begin the relevant process as quickly as possible. Like other deadlines in the legal field, deadlines will be strictly enforced. Unexplained delays in submitting a remote attendance request may result in a denial of the request.*

Student’s Printed Name:

Program/Level (e.g., SCALE I, PLEAS 4):

Student's ID Number: .

Southwestern Email:

Best Phone Number:

Date on which you became the primary caregiver:

### **Section 1: Student Primary Caregiver—Minor Child**

1. Are you the primary caregiving parent or legal guardian for a minor child? "Primary caregiving parent or legal guardian" means a person with direct, regular, and ongoing responsibilities for the minor child's daily living needs. A minor child is any child under the age of 18.

Yes                      No

2. If you answered "no" to question 2, please describe your relationship with the child:

3. Please give the child's birthday (month, day, and year) and current age:

4. Is the child ineligible for a COVID-19 vaccination based on age?

Yes                      No

**Note:** If the child is eligible to receive the COVID-19 vaccination, please skip to Section 2 below.

5. If you answered "yes" to question 4, please provide the date on which the child will become eligible for a COVID-19 vaccination. Minors under 6 months of age are currently ineligible to receive a COVID-19 vaccination.

6. Do you live regularly (at least three days per week) in the same household as the minor child?

Yes                      No

7. If you answered "no" to question 6, please explain:

8. Does the child have other primary caregivers?

Yes                      No

9. If yes to question 8, please describe each additional caregiver's relationship to both the child and to you:

10. Does the child attend daycare or school outside the home?

Yes                      No

11. If you answered "yes" to question 10, please explain:

12. Does another individual who lives regularly *outside* the household ever care for the child (e.g., babysitter, nanny, or relative who helps)?

Yes                      No

13. If you answered "yes" to question 12, please explain:

14. During the past three months, has the child engaged in activities in a public setting (e.g., traveled via public transportation such as buses, rideshares, planes; attended church; accompanied you or others to shop; visited inside or stayed with individuals, including relatives, who do not live in the household; dined in restaurants or other establishments; engaged in group or team sports, recreational activities, scouts, or other group activities; or engaged in other similar activities)?

Yes                      No

15. If you answered “yes” to question 14, please explain:
16. During the past three months, describe the activities you—the student—have engaged in outside the home on a regular basis (e.g., attend work outside the home; attend school outside the home; attend church outside the home; attend social events outside the home; traveled via public transportation such as buses, rideshares, or planes; dined in restaurants or other establishments; engaged in group or team sports or recreational activities; shopped in stores; visited or stayed with relatives inside their residences; etc.).
17. For any other individual who regularly lives in the household with you and the minor child, for the past three months, describe the activities each has engaged in outside the home on a regular basis (see the parenthetical in question 16 for examples).

### **Section 2: Student Caregiver—Medically Vulnerable Individual**

In addition to answering the questions below, please attach the following information:

- Medical documentation that establishes that the care recipient is medically precluded from receiving a COVID-19 vaccination; **and**
- A letter from the care recipient’s licensed healthcare provider establishing that the care recipient is at a higher risk for death or hospitalization if they contract COVID-19.

NOTE: In responding, neither you nor your healthcare provider should disclose the underlying diagnosis or genetic information of the care recipient.

18. Are you the primary caregiver for an individual who is medically precluded from receiving a COVID-19 vaccination? “Primary caregiver” means a person with direct, regular, and ongoing responsibilities for the care recipient’s daily living needs or medical care.

Yes                      No

19. If you answered "yes" to question 18, please describe in detail your relationship to and daily duties that relate to the care recipient:

20. Do you live regularly (at least three days per week) in the same household as the care recipient?

Yes                  No

21. If you answered "no" to question 20, please explain:

22. Does the care recipient have other primary caregivers?

Yes                  No

23. If you answered "yes" to question 22, please describe each additional caregiver's relationship to **both** the care recipient and you:

24. Please describe the duration the care recipient will be medically precluded from receiving a COVID-19 vaccination.

Temporary                  Permanent                  Unknown

25. If the duration of time the care recipient is medically precluded from receiving a COVID-19 vaccination is temporary, please share the expected date or timeframe for vaccination:

26. Have you attached to this form medical documentation that establishes that the care recipient is medically precluded from receiving a COVID-19 vaccination?

Yes                  No

27. If you answered "yes" to question 26, please describe that documentation (e.g., letter from licensed healthcare provider, etc.): Is the care recipient at a higher risk for death or hospitalization than the general population if they contract COVID-19?

Yes                      No

28. Have you attached to this form medical documentation that establishes that the care recipient is at higher risk for death or hospitalization if they contract COVID-19?

Yes                      No

29. If you answered "yes" to question 29, please describe the documentation:

30. Does another individual who lives regularly *outside* the household ever care for the care recipient (e.g., onsite nurse or another relative)?

Yes                      No

31. If you answered "yes" to question 31, please explain:

32. Does the care recipient work or attend classes outside of the home?

Yes                      No

33. If you answered "yes" to question 33, please provide details:

34. During the past three months, has the care recipient engaged in other activities in public settings (e.g., traveled via public transportation such as buses, rideshares, planes; attended church; shopped in stores; visited or stayed with other individuals, including relatives, who do not live in the household; dined at a restaurant or other establishment; engage in recreational or other group activities; or engage in other similar activities)?

Yes                      No

35. If you answered "yes" to question 35, please provide details:
36. During the past three months, describe the activities you—the student—have engaged in outside the home on a regular basis (e.g., attend work outside the home; attend school outside the home; attend church outside the home; attend social events outside the home; traveled via public transportation such as buses, rideshares, or planes; dined in restaurants or other establishments; engaged in group or team sports or recreational activities; shopped in stores; visited or stayed with relatives inside their residences; etc.). **Note:** If you answered question 16, simply refer to that answer.
37. For any other individual who regularly lives in the household with you and the care recipient, for the past three months, describe the activities each has engaged in outside the home on a regular basis (see the parenthetical in question 37 for examples). **Note:** If you answered question 17, simply refer to that answer.

### Section 3: Certification

I verify that the information I am submitting to support my request for remote attendance is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for remote attendance may not be granted if it is not reasonable, fundamentally alters a program, poses a direct threat to the health or safety of others at the school or to me, creates an undue hardship for Southwestern, or does not comply with accreditation standards and guidance. Southwestern may deny a remote attendance request if I fail to cooperate with Southwestern's reasonable request for verification of the need for remote attendance. I understand that Southwestern reserves the right to deny my request for remote attendance should it determine that, based on the information provided or received, adequate evidence has not been provided to establish that remote attendance is warranted.

Student's Signature:

Date:

Revised 9/19/22