



Rosemont ES Virtual Parent Meeting

Tuesday, April 13
11:30am



Outcomes

A square logo with a colorful, abstract background in shades of purple, pink, and yellow. The text "ONLINE PARENT MEETING" is written in white, uppercase letters, centered within the square.

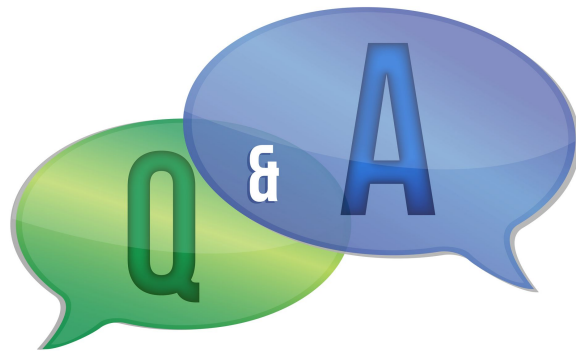
ONLINE
PARENT
MEETING

By the end of the Parent Meeting, participants will have;

- received information about Title I and how it can benefit our school,
- had an opportunity to ask clarifying questions about Title I,
- reviewed Rosemonts COVID- 19 pool testing procedures,
- shared important calendar updates, and
- clarified information and answered questions.

Meeting Structure

- Part I of the meeting will be a structured presentation
- The chat will be enabled to send questions directly to the hosts
- Questions from the chat will be addressed throughout the presentation
- There will be an open Q & A at the end of the presentation



Rosemont Elementary School Mission Statement

*At Rosemont Elementary School we are **COMMITTED** to building a community of lifelong learners. Together, we will-*

foster positive **Relationships** with students, staff, and families;

deliver **Rigorous** instruction;

achieve **Results** for our students.



Introductions

- Principal, Keely Cooke
- Principal Intern, Brooke Simon
- Staff Development Teacher, Markia Roberts
- Reading Specialist, Jada Launi
- Math Content Coach, RJ Henderson
- Monica Balderrama, Paraeducator/Interpreter
- Parent Community Coordinator, Molly Kim



Welcome!

*Angela Manners
&
the Title I Team*

Rosemont Elementary School



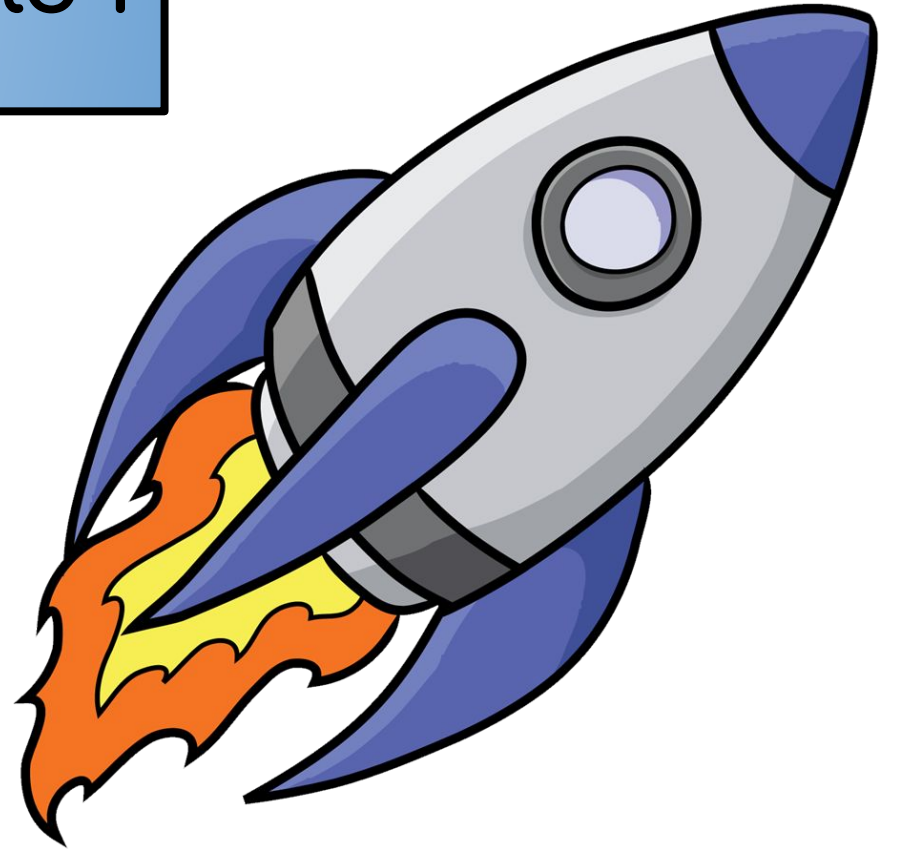
Title I Information

April 13, 2021
11:30 a.m.



Welcome to the Title I Family! 
Bienvenidos a la Familia de Título I

Rosemont
Elementary
School



Outcomes



By the end of the meeting, we will have...

- received information about Title I and how it can benefit our school.
- had an opportunity to ask clarifying questions about Title I.



Resultados



Al final de esta reunión, habremos...

- escuchado información acerca de Título I y cómo puede beneficiar a nuestra escuela;
- haber tenido la oportunidad de hacer preguntas acerca de Título I.

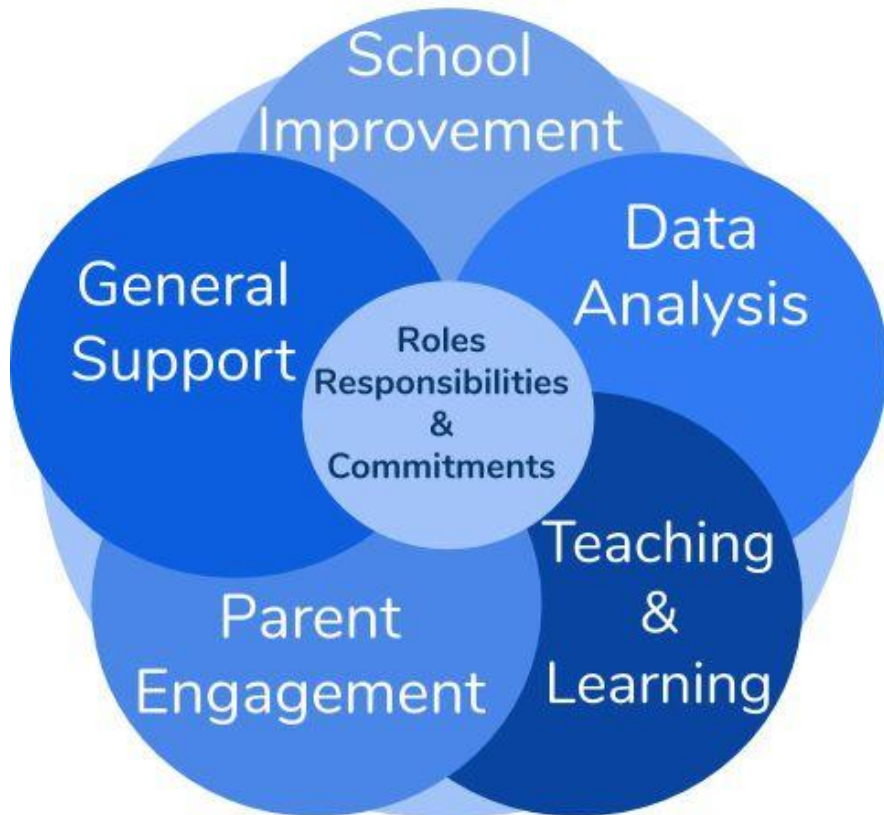
WHAT?

What is Title I?

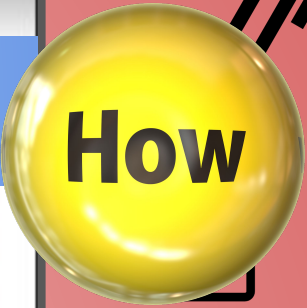


Title I supports school improvement by providing resources and support to identified schools.

Título I apoya la mejoría escolar a través de asistencia técnica personalizada para las escuelas identificadas.



How are schools identified as Title I?



2 Do any Household Members (including you) currently participate in one or more of these programs: Food Supplement Program (FSP) or Temporary Cash Assistance (TCA)?

Yes If YES, write the 9 digit case number here then go to SECTION 4 (skip section 3). Case Number:

No If NO, go to SECTION 3A.

3a List all OTHER Household Members NOT listed in Section 1 (including yourself) even if they did not receive income. List total gross income (before taxes and deductions) as whole dollars only.

Definition of Household Member: * Anyone who is living with you and shares income and expenses, even if not related. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. List income as whole dollars only.	First and Last name of ALL OTHER Household Members	Check Box if No Income <input type="checkbox"/>	Earnings from Work \$ <input type="text"/>	Fill in Circle How Often?		Public Assistance/ Child Support/ Alimony \$ <input type="text"/>	Fill in Circle How Often?	
				Monthly Every 2 Weeks <input type="radio"/> Monthly Twice A Month <input type="radio"/>	Monthly Every 2 Weeks <input type="radio"/> Monthly Twice A Month <input type="radio"/>			
		<input type="checkbox"/>	\$ <input type="text"/>	<input type="radio"/> Monthly Every 2 Weeks <input type="radio"/> Monthly Twice A Month	<input type="radio"/> Monthly Every 2 Weeks <input type="radio"/> Monthly Twice A Month	\$ <input type="text"/>	<input type="radio"/> Monthly Every 2 Weeks <input type="radio"/> Monthly Twice A Month	
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3b Must provide the last 4 digits of your Social Security number OR check the box "I don't have a SSN".

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE → Last Four Digits Primary Wage Earner's SSN: I don't have a SSN

4 CONTACT INFORMATION ----- APPLICATION MUST BE SIGNED

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information may be verified (checked) by the State and the school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Address: City: Zip: Daytime Phone:



Central Office
Support
*Apoyo de las
oficinas centrales*

Certified
Staff
Personal
certificado

Instructional
Materials
Materiales de
instrucción

Professional
Learning and
Collaboration
Capacitacion
profesional

Extended
Learning
Opportunities
*oportunidades de
aprendizaje
extendidas*

Family
Involvement
*Participacion
familiar*



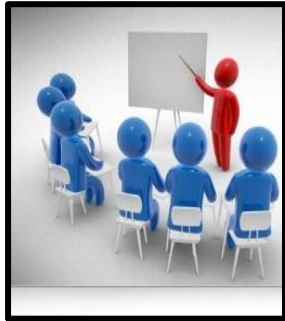
Central Office Support

Apoyo de la Oficina Central

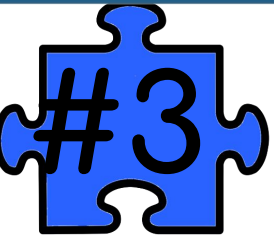




Certified Staff Personal Calificado



- Professional (Profesionales)
- Paraeducator (Asistentes de los maestros)



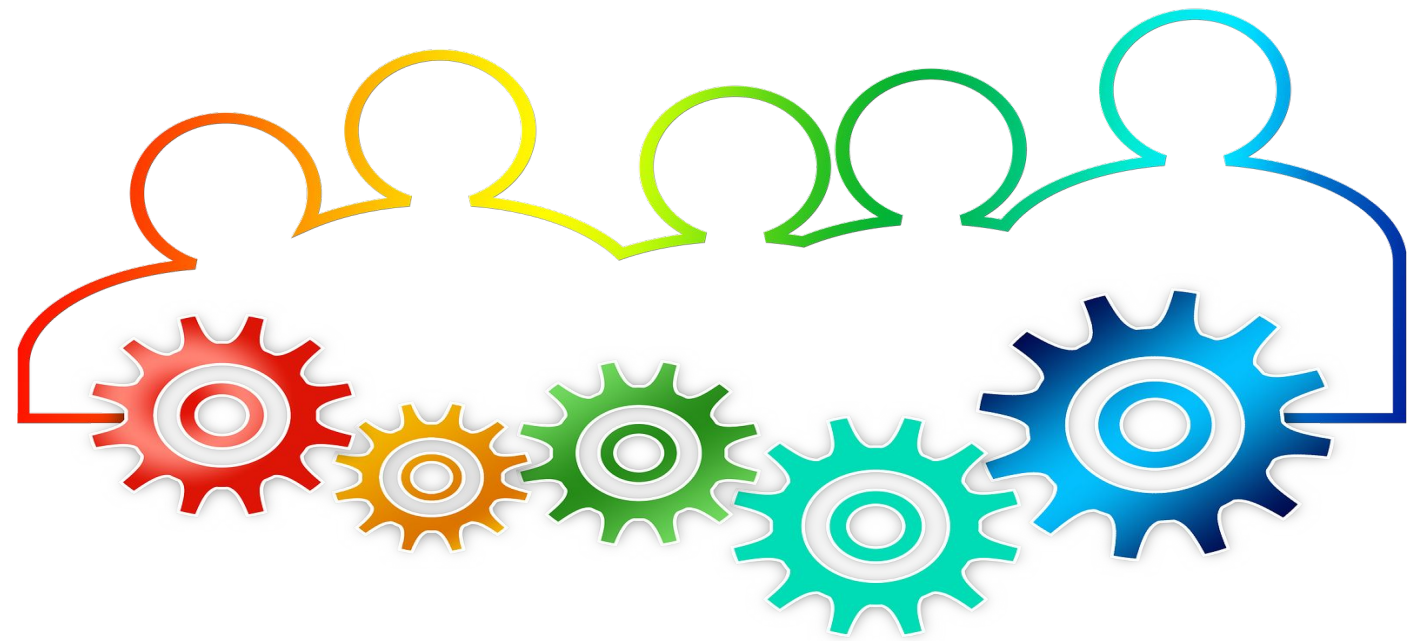
Instructional Materials Materiales Educativos





Professional Learning and Collaboration

Aprendizaje Profesional y Colaboración





Extended Learning Opportunities Programas después de la Escuela y de Verano



- **ELO SAIL** (Summer Adventures in Learning Grades K-5)
- **ELO STEP** (Summer Title I Enrichment Program Grades 3-5)

Program Details:

- 5 week program
- 6.5 hour student day
- free breakfast, lunch and transportation are provided





Programas después de la Escuela y de Verano

Extended Learning Opportunities



- **ELO SAIL** (Oportunidad de Aprendizaje de Verano para K-5)
- **ELO STEP** (Programa de Verano de Enriquecimiento Grados 3-5)

Program Details:

- Programa de 5 semanas
- Día de 6.5 horas para los estudiantes
- Desayuno, almuerzo, y transporte



Family Involvement
Recursos para promover la participación
de los padres.



- Parent Workshops
- Family Events
- Talleres de Padres de Familia
- Eventos Familiares



Questions & Evaluation Preguntas & Evaluación



<http://bit.ly/NewTitle>



COVID-19 Pool Testing

COVID- 19 Pool Testing

About the Test	<ul style="list-style-type: none">● Testing will happen every Thursday● Only students that have completed consent forms will be able to participate in testing
About the Process	<ul style="list-style-type: none">● Students will be collecting their own swabs and follow instructions from teachers/health professional● MCPS health and safety protocols will be maintained during the COVID-19 pool testing● Nasal Swab Self Collection
About the Results	<ul style="list-style-type: none">● Pooled classroom results apply to only that group● No individual results will be available● The school will receive the pooled results 36- 48 hours after swabs are received by lab● When results are received, administration will take appropriate action, as necessary in the event of a positive pool result

COVID- 19 Pool Testing- Instructions

[MCPS COVID Pool Testing](#)

Nasal Swab Self-Collection Instructions for Pooling

1

Clean Hands

First, make sure that your hands are clean (by using soap or hand sanitizer).



2

Open Swab

Remove the swab from its packaging. Be careful not to touch the tip with your hands.



3

Swab Nose

Gently insert the entire soft tip of the swab into one nostril until you feel a bit of resistance. Using a circular motion, rub the swab around the inside of your nostril **4 times**. You should use medium pressure to push the swab against the inside of your nostril. The swab tip should be touching the inside of your nose throughout. Repeat the process with your other nostril using the same end of the swab as before.



The swab should push against the inside and outside wall of the nostril.

Swab BOTH nostrils.

4


Put Swab in Tube

Put the swab into the collection tube indicated by the supervisor. Finally, sanitize your hands thoroughly.



COVID- 19 Pool Testing- Consent Form

If you would like your child to participate in testing, please complete the consent and return it to your child's teacher.



COVID-19 Pooled Testing Consent

Concentric by Ginkgo, a service provided by Ginkgo Bloworks, Inc. ("Ginkgo"), is providing COVID-19 testing in the form of "pooled testing" to your school or organization (the "Program"). The Program will involve collecting nasal swabs from each participant on-site at your school or on the organization's premises. Each swab will be placed in a common tube for that classroom or group and sent off and tested in a central laboratory. The test detects whether the virus that causes COVID-19 is present in that pooled sample. The purpose of this Program is to help school administrators make informed decisions about school/organization safety and operations. This test is intended to investigate the presence of COVID-19 within groups and should not be used for diagnostic purposes. Each participant must read and sign this form before taking part in the Program. If the participant is a student and/or a minor (under the age of 18), a parent or legal guardian must read and sign this form before the student or minor's participation in the Program. If you are a parent or guardian, as used in this consent, "Minor" means the child or minor for which you are giving this consent.

Please carefully read and sign the following Consent:

- a. I authorize the collection of my Minor's swab sample for purposes of the Program.
- b. I understand that the Program is testing students, staff, and/or employees as a collective group for COVID-19. Tests of this type are not required to be approved or authorized by the U.S. Food & Drug Administration (FDA), and I understand the test is not an FDA approved or authorized test nor a medical diagnostic test.
- c. I understand that the purpose of the Program is to support school/organization administrators in their decision making about safety and operations at their school/facility and not for purposes of making individual clinical decisions.
- d. I understand that a sample will be collected by inserting a nasal swab shallowly into each participant's nose (including by self-collection) and that potential risks if performed as instructed include discomfort from the insertion of the swabs. Any irritation is expected to be brief. More information on the technique can be found at <https://www.concentricbyginkgo.com/instructions/>.
- e. I understand that the school will have access to test results from the Program.
- f. I understand that, as with any COVID-19 test, there is the potential for a false positive or false negative test result and that the potential for a false negative COVID-19 test result may be higher with pooled testing than individual testing.
- g. I understand that Ginkgo is researching aspects of the COVID-19 virus, such as tracking viral mutations; I authorize Ginkgo to sequence viruses and other microbes present in the samples for epidemiological and public health purposes.

I, the undersigned, have read the above information about the Program, the description of the test samples to be collected, and possible risks of the Program and I understand that this information may also be provided to me by Ginkgo upon written request to the school/organization. Additional information on Ginkgo testing can be found here: <https://www.concentricbyginkgo.com/families>. I voluntarily agree to participate (or allow Minor to participate) in the Program.

School Name: _____

If this consent is for a Minor:	If this consent is for an adult or school staff member:
Minor's Name (print): _____	Name (print): _____
Parent/Legal Guardian Name (print): _____	Signature: _____
Parent/Legal Guardian Signature: _____	Date: _____
Date: _____	

Created 1/19/2021

Important Calendar Updates

- **April 15-** Last Day of MP3
- **April 16-** No school for Students- Professional Day for Staff
- **April 29-** Report Card available on ParentVue
- **April 30-** Report Cards mailed home to families that have no activated their ParentVue accounts
- **May 13-** No School for Students- Professional Day for Staff



Questions

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Answers

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