

Fort Bend ISD

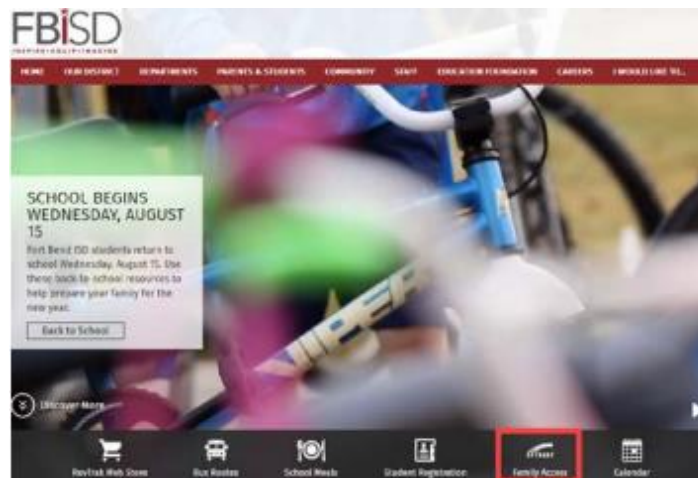
Student Daily Wellness Screening How-To-Guide

In order to reopen as a District, we had to consider how to reopen in a way that keeps students, staff and visitors safe. For the upcoming school year, parents will be asked to complete daily Wellness Screenings for their Fort Bend ISD student(s) through Skyward Family Access. “Yes” or “No” will be answered for the two questions below:

1. In the last 24 hours, have you experienced any of the following symptoms in a way not normal to you?
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
2. In the last 14 days, have you been in close contact with a suspected or confirmed case of COVID-19 or tested positive yourself?

Steps to Complete the Fort Bend ISD Student Daily Wellness Screening

Step 1: Go to the Fort Bend ISD Webpage <https://www.fortbendisd.com/fortbendisd>, and click on “Skyward Family Access”.



Step 2: Log in using your parent/guardian login information. If you forgot your password, please click on “Forgot your Login/Password”.



Step 3: Here you will see the two Wellness Screening questions. Under each question, you will see your student(s) names. Once you have answered the Wellness Screening questions, click “Save”. A Wellness Screening Report will be generated, to provide next steps.

Family Access

GUARDIAN 3 SAMPLE My Account Exit

SKYWARD All Students District Links

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Attendance

Student Info

Food Service

Schedule

Test Scores

Academic History

Portfolio

Skylert

Login History

Wellness Screening

1. In the last 24 hours, have you experienced any of the following symptoms in a way not normal to you? Wed Aug 19, 2020

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

*STUDENT 3 SAMPLE: Yes No

*STUDENT 4 SAMPLE: Yes No

2. In the last 14 days, have you been in close contact with a suspected or confirmed case of COVID-19 or tested positive yourself? [?]

*STUDENT 3 SAMPLE: Yes No

*STUDENT 4 SAMPLE: Yes No

Save


An Online Form is now available to fill out

Your Wellness Screening Report will be generated, to provide next steps.

Home

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Wellness Screening Wed Aug 19, 2020

 **STUDENT 1 SAMPLE:**
Your FBISD Daily Health Screening survey has indicated that you are experiencing symptoms of illness not normal to you, in the last 14 days you have come in close contact with a suspected or confirmed COVID-19 case, or you have confirmed that you yourself has tested positive for COVID-19 in the last 14 days. Please stay home, contact your health care provider if needed, and complete the FBISD Student COVID-19 Incident Report.

An Online Form is now available to fill out

Student Password Information for EE thru 5th Grade
[Fill out Online Form for STUDENT 1](#)

Back to School Readiness and Lending Library Forms
[Fill out Online Form for STUDENT 1](#)


No messages were found.

OR

Home

- New Student Online Enrollment
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- Portfolio
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Wellness Screening Wed Aug 19, 2020

 **STUDENT 2 SAMPLE:**
Thank you for completing the FBISD Daily Health Screening Survey. Based on your responses, you are able to attend school today.

An Online Form is now available to fill out

Student Password Information for EE thru 5th Grade
[Fill out Online Form for STUDENT 2](#)

Back to School Readiness and Lending Library Forms
[Fill out Online Form for STUDENT 2](#)

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