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by

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Letter

Name

Institution

Course

Instructor

Date

Dear Dr. Smith

I hope this letter finds you well. As of March 23, 2020, more than 124 nations had stopped their education institutions, either whole or in parts, affecting more than 1.25 billion students globally due to the COVID-19 Pandemic. As a result, the education sector was greatly affected. However, all is not lost because things are slowly getting back to normal. Following the need to create a safe, healthy environment in learning institutions, my school seeks to implement a student well-being policy, particularly the COVID-19 prevention policy, that will enable learning to continue safely.

Protecting our students and employees, especially the most vulnerable, is our primary priority in crisis management. When compared to previous types of emergencies, COVID-19 brought several additional problems. Most crucially, because COVID-19 is highly infectious, the social distance was required, limiting typical face-to-face coordination and service delivery modes. Therefore, children with special requirements will receive specialized care within the school setting to not be left out during learning. Likewise, because most children rely upon social services that are difficult to substitute, like meal programs, the policy seeks to replace such services with less interactive activities like switching from school meals to take-home ratios or even cash transfers.

The question of how to keep youngsters learning is one that educators throughout the world are grappling with. However, the student well-being policy will utilize the online technology platforms for education, which is still in its infancy, even in high-resource systems. Many trials will be conducted in the coming months. There will undoubtedly be some successes, but there will also be failures that we can learn from. On the contrary, Minister, I am mindful of the immediate, aggressive increase in commercial providers' marketing of educational software that

is currently taking place globally. What matters, however, is that I have decided to concentrate on what we now have that can assist organized remote learning in our situation. It is critical to recognize that technical solutions can worsen existing disparities. Even the finest solutions need close attention to the crucial interaction between technology, instructors, and children.

We aim to employ more specialist instructional support staff (SISP) such as school psychologists, social workers, and counselors to ensure that every student has accessibility to academic, vocational, mental well-being, and social-emotional assistance. Similarly, we are also exploring this option since learners' well-being and academic success can be addressed concurrently by lowering staff-to-student ratios and implementing targeted and schoolwide mental health treatments. The ultimate goal is getting all of our staff members vaccinated and students once it has been confirmed that the vaccine is safe to use on children. In addition, I understand that vaccination is the most effective public health preventative technique for containing the COVID-19 Pandemic. Vaccination promotion can assist schools in safely returning to in-person teaching as well as recreational games and activities.

We also acknowledge that the overall well-being of students is equally important. Consequently, Concentration challenges, disobedience, and drug abuse, all linked to decreased academic success and accomplishment, will be addressed equally under this policy. Similarly, traumatic experiences are linked to poorer standardized test results and an increased probability of being labeled with a learning impairment or behavioral problem. When children are traumatized, it impacts not just their learning but also the understanding of their classmates. For example, when a kid is subjected to domestic abuse at home, their classmates' reading and math grades suffer. All these issues will be addressed under this policy. Statistics indicate that, despite the extensive need for mental health programs and the relationship between mental health and scholastic

accomplishment, far too many children are denied this assistance. In 12 months, just 20% of children and adolescents aged 6 to 17 who were identified as needing mental health services received them, most typically in school. 80 even though early intervention is critical for building resiliency, boosting school achievement, and lowering the risk of damage later in life, it is often overlooked. Therefore, we request that you give us the go-ahead to implement the suggestions mentioned in this letter.

Please consider the points I have raised in this letter carefully. My colleagues and I look forward for your feedback.

Yours faithfully

Name

Signature

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