

## **AGREEMENT TO PROVISION OF GROUP RELATED SERVICES THROUGH ALTERNATIVE MEANS**

**Student Name:** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

During the school year, given the ongoing COVID-19 pandemic, remote or blended remote learning may be utilized as an education delivery model for your child. To the extent that any student's IEP or Section 504 Plan related services are provided remotely through alternative means (*e.g.*, by phone or electronically through online/virtual platforms such as Google Meet, Zoom, *etc.*), the delivery of group services poses unique confidentiality issues for children and their families. Therefore, with respect to any group related services provided to my child through alternative means:

1. I hereby agree that my child will be provided with the following group related services identified on the child's IEP or Section 504 Plan through alternative means during remote learning due to the COVID-19 pandemic:
  - Speech/language therapy services
  - Social work, psychological, or counseling services
  - Occupational therapy or physical therapy services
  - Other (specify): \_\_\_\_\_
2. I hereby agree that neither I nor anyone else in our home will listen to, observe, or record the delivery of any group related services to my child. The *only* exception to this will be if I or another adult in our home is needed to assist my child in accessing or participating in group related services delivery.
3. I hereby acknowledge that the cooperative cannot guarantee that the parents/guardians of the other children in my child's group, or anyone else in the home of such other children, will refrain from listening to, observing, or recording any group related services provided to my child.
4. I agree the cooperative will not be held responsible if other parents/guardians or individuals in their homes violate these acknowledgements/agreements when my child is provided with group related services.
5. I understand that my refusal to sign this Agreement will result in my child not receiving group related services outside of school through alternative means, and that an individualized decision will be made by my child's IEP or Section 504 team regarding whether and to what extent such group services will be made up at another time.
6. I understand that I may revoke this Agreement in writing at any time, after which my child will no longer receive group related services outside of school through alternative means but may be eligible for make-up services, as determined by the IEP or Section 504 Plan team, at another time.

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Signature** [*if age of 12 or older, for provision of group related services in which mental health or developmental disability records or information in such records may be disclosed*]

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Adult Witness** [*18 or older, for provision of group related services in which mental health or developmental disability records or information in such records may be disclosed*]

\_\_\_\_\_  
**Date**

**ALTHOUGH AN ADMINISTRATOR WILL BE AVAILABLE TO RECEIVE THIS SIGNED CONSENT FORM, IF YOU ARE OTHERWISE UNABLE TO LEAVE YOUR HOME, YOU MAY TAKE A PICTURE OF THIS SIGNED FORM ON YOUR CELL PHONE AND E-MAIL IT TO YOUR PROGRAM ADMINISTRATOR.**

**ALTERNATIVELY, IF YOU ARE UNABLE TO PRINT THIS AGREEMENT TO SIGN AND SEND, YOU MAY E-MAIL YOUR PROGRAM ADMINISTRATOR AND STATE:**

*"We are unable to print this Agreement to sign manually, so please treat this e-mail as our Agreement in full."*