



Carlstadt Public School

550 Washington Street ◊ Carlstadt, NJ 07072

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Diana Gutierrez, Director of Special Services

PARENT/GUARDIAN CONSENT FORM AND RELEASE FOR VIDEO/AUDIO SESSIONS OF RELATED SERVICES SEPTEMBER 9, 2020

This parental consent form is provided to both inform you and to request your permission for your child/children to participate in video/audio sessions for the purpose of receiving instruction and related services during 2020-2021 school year. Effective April 1, 2020, the New Jersey Department of Education authorized virtual instruction for speech and language therapy, physical therapy, occupational therapy, counseling and the like.

The teachers and therapists will use Zoom and Google Meets as a tool to provide special education and related services. Therapies will be provided at the same frequency and duration reflected in your student's I.E.P. Given that resource classes and some therapies are provided in a group setting, students may be visible/audible to other participants in the session. It is also possible that others in the participant's household may see or hear the session. This necessarily compromises student confidentiality however, the therapists themselves will not disclose any personally identifiable information. For this reason, recording of any portion of a session or taking any pictures during therapy sessions is strictly prohibited.

For the duration of each session, students are expected to act in a school-appropriate manner. Regular school rules and consequences will apply, including but not limited to, the District's Acceptable Use Policy.

Please check one of the following:

____ I/We GRANT permission and consent for our child to receive special education and related services in a virtual format conducted by the Carlstadt public schools. I/We understand that in choosing to join each such conference, our child is agreeing to act in accordance with the rules/policies/procedures of the Carlstadt school district. I/We understand that should our child fail to follow said rules/policies/procedures that (s)he may be removed from the session. I/We also agree that recording of any session in any manner is strictly prohibited. As the child's parents or legal guardian, I/We agree to release the Carlstadt school district and its members and employees from all liability resulting from or relating to our child participating in the video/audio session.

____ I/We DO NOT GRANT permission for our student to receive related services in a virtual format and understand that alternate materials will be provided.

Student's Name (print)

Grade (print)

Signature of Parent/Guardian (sign)

Relation to Student:

Date:

If you, as the parent or guardian, wish to change your child's permission status, you may do so at any time in writing by sending an email to the therapist and principal.