Dear eStem Parent/Guardian,

As you know, we are in unchartered territory in our country, state, and with the delivery of special education services.  We are working diligently on how best to provide services to your student, including the continuation of their IEP goals, during this time that our buildings are closed.   One of the Alternative Method of Instruction (AMI) methods recommended by the U.S. Dept of Education and Arkansas Dept of Education is the use of teletherapy (online delivery of speech and occupational therapy).  This method of instruction includes using platforms such as Zoom, FaceTime, Skype, etc to provide direct services.  We truly feel that this will be the most engaging format for your student and will continue to keep him/her engaged directly with therapist.

In order to provide GROUP Speech Therapy and/or Occupational Therapy services via online and through a video capable virtual system we want to make you aware of certain aspects of Zoom/online/digital group sessions.

1. Please understand that your student will be learning on a digital platform with other students.
2. During our GROUP Zoom, other students/classmates/parents could see/hear your student.
3. During our GROUP Zoom, your home could be seen/heard in the background.

Please also respond to this email with your understanding/agreement OR state any of your concerns or questions about GROUP Zoom sessions.

Please follow these 3 steps:

1. Copy and paste the response of your choice into a REPLY email. Please pick only 1 answer option.
2. Fill in your names in the Parent Signature and Student’s Name spaces.
3. Send the email back.

**ANSWER OPTION 1:**

I **DO** GIVE PERMISSION/CONSENT for \_\_\_\_\_\_\_\_\_\_\_\_\_ to provide Speech therapy and/or Occupational Therapy via digital/virtual/online platforms (Teletherapy) during the time we are out of school due to COVID-19 precautions.

Parent Signature:

Student Name:

**ANSWER OPTION 2:**

I **DO NOT** GIVE PERMISSION/CONSENT for \_\_\_\_\_\_\_\_\_\_ to provide Speech therapy and/or Occupational Therapy via digital/virtual/online platforms (Teletherapy) during the time we are out of school due to COVID-19 precautions.

Parent Signature:

Student Name:

We will strive to utilize Zoom as much as possible, while continuing to utilize other platforms.  We can also provide you with instructions for how to sign in/work Zoom, if needed.  Please feel free to email me or call me if you have any questions or concerns you have regarding Zoom or consent.  Our goal is to make our instruction engaging for your student, as well as supporting their therapy needs, during this time.