

CONSENT FORM

I provide consent for my child, _____ to receive Direct Special Education services in real time through TEAMS video conferencing virtually in a small group. The services provided in real time will satisfy direct service minutes on my child's IEP. During the session, an adult will need to be in attendance to observe the session and assist with accessing the video and materials.

CONSENT TO USE TEAMS:

TEAMS is the technology service we will use to conduct virtual services and consultation. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. To maintain confidentiality, I will not share my TEAMS link with anyone unauthorized to attend virtual services or consultation
2. I understand that screenshots/ images/videos are not to be posted on social media to protect student confidentiality (per HIPAA, FERPA guidelines).
3. Sessions will not be recorded.

By consenting in written form to the content of this form, I certify:

- That I have read the attached Informed Consent for Virtual Services or had it read and/or explained to me
- That I fully understand its contents.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Written Email Response:

Parent/Guardian: _____

Date and time of response:

Other details:
