

# Parent Consent for Release of Confidential Information & Group eLearning/Teletherapy Special Education

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Case Manager/Teacher/Therapist

Your child may be participating in small group lessons/therapy sessions with other students virtually. As a part of our procedures, we require that parents/guardians are present in the home during eLearning/teletherapy. As we support and encourage a partnership between parents and school staff in the educational process, there are certain rights guaranteed to all students.

To ensure confidentiality and to safeguard the eLearning environment for all students, please sign below indicating that you understand, acknowledge, and agree to comply with the following district standards regarding confidentiality:

- I am allowed to observe other students during small group virtual lessons.
- During the time I am observing the virtual lesson, I may not interrupt instruction by talking to the teacher or any other person in the virtual classroom.
- I may not audiotape, videotape, or photograph during the lesson.
- Every child's right to privacy must be honored. I may not discuss my observations or confidential information about children in the lesson including specific situations that were observed during the lesson.
- If I have concerns about my child or other students, I should discuss those concerns with the classroom teacher, therapist, case manager, and/or campus administrator.

To continue to provide your child's IEP services, the district requests the following release of information and permission to provide services in a group eLearning or teletherapy environment:

- I acknowledge that it may be necessary for my child to be visible on camera for some eLearning or eTherapy sessions and could be seen or heard by people at alternate locations
- I agree to the release of confidential information for the purposes of IEP implementation
- I understand and agree to my child's participation in Group E-Learning, including Teletherapy.
- I have been fully informed in my native language or other mode of communication of all information relevant to my child's participation in Group E-Learning, including Teletherapy.
- I understand that the granting of my consent is voluntary and may be revoked at any time. If I revoke my consent, I understand that the revocation is not retroactive and does not negate an action that has occurred after my consent was given and before my consent was revoked.

Yes     No

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please contact your child's case manager or therapist should you have any questions or need additional information.