Process

This consent form must be completed for each related service that a child receives by the appropriate provider.

• Step 2: Call Parent (Use the Script Below)

Hello, my name is Jane Smith and I am an (Occupational/Physical/Speech)Therapist from the NYC Department of Education. At this time, delivery of face-to-face services will not be possible during a school closure. I am calling to schedule tele-therapy for (student name), who receives (state relevant mandate). Tele-therapy is the delivery of (relevant service) via live video conferencing. Tele-therapy will link me to your child for therapy services via secure video conference. If your child has a group mandate, other children/caregivers may be participating in the video conference simultaneously. You have the right to be informed of all parties who will be present at the tele-therapy session. Please keep in mind that some services may not be appropriate for delivery via tele-therapy. Additionally you have the right not to consent to your child's participation in (relevant service) via tele-therapy. At this time, I would like to gather some information from you in preparation for (student name).
Process Continued

• Can you please confirm your first and last name for me? Can I also have your email address? You will be getting a copy of this completed form at the email address you provide.

• Fill in the information the parent provides you with in the form:

  4. Parent/Guardian First Name *

     Enter your answer

  5. Parent/Guardian Last Name *

     Enter your answer

  6. Parent/Guardian Contact Email Address *

     Enter your answer
Process Continued

- Thanks for that information. Do you consent for your child receiving (relevant service) through teleconference?

- Document the parent’s response in the form:

9. By checking this box I (therapist/provider) confirm that I informed the Parent/Guardian of the following and asked the parent/guardian to provided consent for the NYC DOE to provide related services to/for the above student via secure video conference:

   The Parent/Guardian was informed that:
   • Delivery of face-to-face services will not be possible during a school closure.
   • Services will be delivered via secure video conference to their child in their place of residence by a provider who will be located at a remote site.
   • They have the right to be informed of all parties who will be present at the tele-therapy session.
   • Some services my child receives may not be appropriate for delivery via tele-therapy.
   • They have the right not to consent to their child’s participation in services delivered via tele-therapy.

- Parent consented to service through teleconference
- Parent/Guardian did not consent
- Parent/Guardian revoked consent
Process Continued

• If parent provides consent, select “Parent/Guardian consented to service through teleconference:”

I am documenting that you providing consent for (relevant service) through teleconference. You will receive an email confirmation documenting your response at the email address you provided. I will be reaching out again later to discuss scheduling of service. Goodbye.
Process Continued

• If the Parent/Guardian did not provide consent, select “Parent/Guardian did not consent:”

9. By checking this box I (therapist/provider) confirm that I informed the Parent/Guardian of the following and asked the parent/guardian to provide consent for the NYC DOE to provide related services to/or the above student via secure video conference:

The Parent/Guardian was informed that:

• Delivery of face-to-face services will not be possible during a school closure.
• Services will be delivered via secure video conference to their child in their place of residence by a provider who will be located at a remote site.
• They have the right to be informed of all parties who will be present at the tele-therapy session.
• Some services my child receives may not be appropriate for delivery via tele-therapy.
• They have the right not to consent to their child’s participation in services delivered via tele-therapy.

- Parent/Consent to service through teleconference
- Parent/Guardian did not consent
- Parent/Guardian revoked consent

I am documenting that you are not providing consent for (relevant service) through teleconference at this time. You will receive an email confirmation documenting your response at the email address you provided. Thank you for speaking with me. Goodbye.
Process Continued

• If the Parent/Guardian previously consented to tele-therapy services but has since revoked their consent, indicate that change by selecting “Parent/Guardian revoked consent:”

9. By checking this box I (therapist/provider) confirm that I informed the Parent/Guardian of the following and asked the parent/guardian to provided consent for the NYC DOE to provide related services to/for the above student via secure video conference:

   The Parent/Guardian was informed that:
   • Delivery of face-to-face services will not be possible during a school closure.
   • Services will be delivered via secure video conference to their child in their place of residence by a provider who will be located at a remote site.
   • They have the right to be informed of all parties who will be present at the tele-therapy session.
   • Some services my child receives may not be appropriate for delivery via tele-therapy.
   • They have the right not to consent to their child’s participation in services delivered via tele-therapy.

☐ Parent consented to service through teleconference
☐ Parent/Guardian did not consent
☒ Parent/Guardian revoked consent

I am documenting that you are revoking your consent for (relevant service) through teleconference at this time. You will receive an email confirmation documenting your response at the email address you provided. Thank you for speaking with me. Goodbye