

JORDAN SCHOOL DISTRICT
CONSENT TO SMALL GROUP ONLINE SERVICES

Date: _____

To: _____
Parent(s)/guardian(s)/adult student

Re: _____
Student name

Due to services being provided via a distance learning format, your child may receive services by working in small groups online via interactive video conferencing. While your child is working in the video conference group, you could potentially observe the sessions, seeing or hearing all of the students within the group. Likewise, the parents or guardians of the other students could potentially observe your student during group time.

In order to protect student confidentiality, we need permission from the parents/guardians of all students within the group, agreeing to protect the privacy of each individual student. Please refer to the statements below.

If you have any questions, please feel free to email me at _____.

Thank you.

Please fill out the information below, sign and return this form.

I _____ (print parent/guardian name) allow permission for the parents or guardians of other students seen at the same time as my child, to observe my child, _____ (name of student) during online group teletherapy sessions.

I understand my student's confidentiality will be protected in accordance with the requirements of The Family Educational Rights and Privacy Act of 1974.

In order to protect the confidentiality of others, I agree not to share any information about the other student(s) when I observe my student in a group session and I will not discuss what I observe with anyone.

I understand that I have the right to change my mind at any time and can decline permission for the other parents/guardians from observing group sessions that include my child.

Parent/Guardian Signature
Parent/guardian email (if available):

Date