

**Informed Consent for the use of Multimedia Platform for Special Education Related Services**

Student Information		
Student Name	Student ID Number	DOB (mm/dd/yyyy)
Street Address	City	Zip Code
Type of Related Service (as identified in the current IEP or as required by eligibility processes)		
Physical Therapy <input type="checkbox"/>	Occupational Therapy <input type="checkbox"/>	Speech-Language Therapy <input type="checkbox"/>
Acknowledgment and Statement of Consent		
<p>I understand that my child may receive the above service(s) through virtual visits. I also understand that federal and state laws require I consent to the following:</p> <ol style="list-style-type: none"> <li>I consent to the delivery of services or participation in special education meetings (e.g., LSC, IEP, Eligibility) by virtual visits over a computer, tablet, or smart phone between FCPS licensed professionals, my student's teacher, and my family/student. I understand that the availability of virtual visits will depend on the type of technology, devices, or system requirements used.</li> <li>I understand that the related service professionals will have the same licensure/certification and apply the same professional standards as they would during in-person support.</li> <li>I will have access to all service records and information resulting from the sessions conducted through virtual visits as I would during in person support, and as provided for by law.</li> <li>As with any internet-based communication, I understand that risks include the possibility of technological problems, which may result in poor quality or disconnection from the virtual visit, as well as a security breach without the appropriate protections. To help mitigate security risks, it is recommended I take steps to protect my personal device and data including using a secure Wi-Fi network with password and using an FCPS approved videoconferencing platform with end-to-end encryption to participate in virtual visits. I hold Fairfax County School Board harmless for any failures of third-party technology that result in a loss of data or breach of confidentiality.</li> <li>I understand that the use of virtual visits authorized under this consent is only permitted in response to COVID-19 and is not a permanent service delivery option.</li> <li>I agree that the only people who will listen to or have access to the telehealth services are the people who are authorized to participate. The session will not be recorded by anyone unless mutually agreed upon by the parent/guardian/caregiver and service provider.</li> <li>I affirm that the student is currently located in the Commonwealth of Virginia.</li> </ol>		
<b>Signature of Parent/Guardian/Caregiver</b>		<b>Date (mm/dd/yyyy)</b>
<p><b>Verbal Consent:</b> If consent for the use of virtual related services is obtained verbally, documentation of consent must be included in the student's Special Services file.</p>		
<input type="checkbox"/>	Consent was received via phone. Documentation of the conversation is included in the student's Special Services file.	
<input type="checkbox"/>	Consent was received via phone or text message. A copy of the conversation is included in the student's Special Services file.	
<input type="checkbox"/>	Consent was received via email. A copy of the conversation is included in the student's Special Services file.	
<b>Signature of FCPS Related Service Provider</b>		<b>Date (mm/dd/yyyy)</b>