



**AGREEMENT TO PROVISION OF GROUP SPECIAL EDUCATION
AND/OR RELATED SERVICES THROUGH ALTERNATIVE MEANS**

Student Name: _____

Parent/Guardian Name(s):

During the school closure period due to the COVID-19 pandemic, to the extent that any student's IEP or Section 504 Plan special education and/or related services are provided outside of the school building through alternative means (*i.e.*, by phone or electronically through online/virtual platforms such as Skype, Facetime, Zoom, *etc.*), the delivery of group services poses unique confidentiality issues for children and their families. Therefore, with respect to any group special education or related services provided to my child through alternative means:

1. I hereby agree that my child will be provided with the following group special education and/or related services identified on the child's IEP or Section 504 Plan through alternative means during the school closure period due to the COVID-19 pandemic:

- Special education instruction
- Speech/language therapy services
- Social work, psychological, or counseling services
- Other (specify): _____

2. I hereby agree that that neither I nor anyone else in our home will listen to, observe, or record the delivery of any group special education and/or related services to my child.

3. I hereby acknowledge that the district/cooperative cannot guarantee that the parents/guardians of the other children in my child's group, or anyone else in the home of such other children, will refrain from listening to, observing, or recording any group special education and/or related services provided to my child.

4. I agree the district/cooperative will not be held responsible if other parents/guardians or individuals in their homes violate these acknowledgements/agreements when my child is provided with group special education and/or related services.

5. I understand that my refusal to sign this Agreement will result in my child not receiving group special education and/or related services outside of school through alternative means, and that an individualized decision will be made by my child’s IEP or Section 504 team regarding whether and to what extent such group services will be made up at another time.

6. I understand that I may revoke this Agreement in writing at any time, after which my child will no longer receive group special education and/or related services outside of school through alternative means but may be eligible for make-up services, as determined by the IEP or Section 504 Plan team, at another time.

_____ Parent/Guardian Date

_____ Student Signature [*if age of 12 or older*, Date for provision of group special education and/or related services in which mental health or developmental disability records or information in such records may be disclosed]

_____ Adult Witness [*18 or older*, for provision Date of group special education and/or related services in which mental health or developmental disability records or information in such records may be disclosed]

PLEASE NOTE THAT DURING THE PERIOD OF ANY “SHELTER-IN” ORDER ISSUED BY THE GOVERNOR, OR IF YOU ARE OTHERWISE UNABLE TO LEAVE YOUR HOME DURING THE SCHOOL CLOSURE PERIOD, YOU MAY TAKE A PICTURE OF THIS SIGNED FORM ON YOUR CELL PHONE AND E-MAIL IT TO THE ADMINISTRATION AT:

[insert e-mail address for appropriate district/cooperative special education administrator]

ALTERNATIVELY, IF YOU ARE UNABLE TO PRINT THIS AGREEMENT TO SIGN AND SEND, YOU MAY E-MAIL THE ABOVE ADMINISTRATOR AND STATE:

“We are unable to print this Agreement to sign manually, so please treat this e-mail as our Agreement in full.”