

Consent Form for Alternative Service Delivery

Upload the signed and completed form to the DOCS tab of the child's application

The purpose of this form is to obtain your consent to receive services through an alternative service delivery method. Alternative service delivery methods include: online or virtual instruction, telehealth services, instructional telephone calls, providing paper packets of instructional materials and/or other curriculum-based activities.

STUDENT NAME: _____

PROVIDER NAME: _____

METHOD OF INSTRUCTION (Check all that apply):

Online/Virtual Instruction

Telehealth Services

Curriculum-Based Materials

Paper Packets

Instructional Telephone Calls

SERVICE(S): _____

SERVICES PROVIDED BY: (NAMES(S)) _____

GOALS/OBJECTIVES TO BE ADDRESSED:

Same as identified on IEP

Different goals/objectives (Modification Request Form Required)

FREQUENCY: _____ MINUTES _____ HOURS / DAILY WEEKLY MONTHLY

ESTIMATED COST FOR SERVICE(S): _____

I UNDERSTAND THE FOLLOWING:

1. My child's scholarship provider has notified me of all potential risks regarding the use of their established technology platform, including but not limited to interruptions, unauthorized access by third parties and technical difficulties.
2. All fees associated with services provided through an electronic delivery method or telehealth communications.
3. I may withdraw consent for teleservices at any time. However, I may be responsible for any unpaid fees or charges.
4. If my child's scholarship provider is a nonpublic school, the scholarship cannot be used to cover the cost of tuition if my child is not receiving special education and/or related services.
5. My providers ability to provide scholarship services through an electronic delivery method or telehealth communications is allowable only during the duration of the Director of Health's order, local board of health order, or an extension of any order related to COVID-19, or until December 1, 2020, if the order or the extension of the order have not been rescinded by that date. Services provided after such time will return to the original service delivery platform as approved by the Scholarship Office.
6. If my child is not making adequate progress using a telepractice service delivery model as determined by my child's scholarship provider, an alternate service delivery method may need to be considered.

PARENT NAME (please print) : _____

PARENT SIGNATURE: _____ **DATE:** _____