**FAMILY PERMISSION FOR REMOTE SERVICES**

Dear [caregiver],

I am the teacher who provides hearing support to [child’s name]. Due to lengthy school closures, we will conduct remote sessions with video messaging to continue work on your child’s self-advocacy goals. We require your permission to transition to a remote format.

IMPORTANT- please type your name after the statement to give your electronic signature and permission for your child to participate.

Please read the following information:

“I understand that my child, [child’s name], will be using Zoom for remote arrives to continue working toward HIS/HER IEP goals with Clarke Schools for Hearing and Speech teacher, [teacher’s name]. I understand that my child will be using video calls to continue working toward IEP goals. I give permission for my child to use this application for school purposes for the 2019-2020 school period.”

If you agree to give permission, please type your name here:

Thank you for your time and support. If you would like to reach me at any time, please feel free to email or call:

Add Contact info here

Many thanks,

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