

EXTENDED SCHOOL YEAR (ESY) – OPT-IN FORM

PARENT/GUARDIAN CONSENT FORM AND RELEASE FOR VIDEO/AUDIO CONFERENCING/TELEPRACTICE

Old Bridge School District Consent Form A2020

This parental consent form is provided to both inform you and to request your permission for your child/children to participate in video/audio conferencing for the purpose of providing **individual and group based** instructional and related services of occupational therapy/physical therapy/counseling/speech during the extended closure of Old Bridge School District and continued social distancing restrictions.

During video/audio conferences, students will be visible/audible to other participants (students and/or Old Bridge School District staff) during the session. It is also possible that others in the participants households may see or hear the participants. This will necessarily impact student confidentiality. Therefore, recording of any video/audio conferences is strictly prohibited.

For the duration of any video/audio conference, participants are expected to act in a school- appropriate manner. Regular school rules and consequences will apply. In the event of inappropriate behavior, a student may be removed from a call and disciplinary action may be taken.

Regardless of your decision, all students will be evaluated for regression of skills upon the reopening of schools to determine the need for compensatory education. Your decision to participate or not participate in ESY will not impact compensatory education.

Please check one of the following:

____ I/We GRANT permission and consent for our child to join and participate in the video/audio conferences conducted by the Old Bridge Public Schools. I/We understand that in choosing to join each such conference, our child is agreeing to act in accordance with the rules/policies/procedures of the Old Bridge School District. I/We understand that should our child fail to follow said rules/policies/procedures that (s)he may be removed from the conference and disciplinary action may be taken. I/We also agree that recording of any session is strictly prohibited. As the child's parents or legal guardian, I/We agree to release the Old Bridge School District and its members and employees from all liability resulting from or relating to our child participating in the video/audio conference.

____ I/We DO NOT GRANT permission for our student to join video/audio conferences conducted by Old Bridge School District staff and an alternate assignment will be provided.

Student's Name (print) _____

Student's School (print) _____ Grade (print) _____

Signature of Parent/Guardian (sign) _____

Relation to Student: _____ Date: _____

If you, as the parent or guardian, wish to change your child's permission status, you may do so at any time in writing by sending an email to your child's case manager.

Take a digital picture of this completed document and email it to your child's case manager.

If you cannot do this, then send an email to the case manager that states the name of your child and includes the following line: "I/We GRANT permission and consent for our child to join and participate in the video/audio

conferences/telepractice conducted by Old Bridge School District staff in accordance with the stipulations of Old Bridge School District Consent Form A2020.”