



NEW ROAD SCHOOL
3071 BORDENTOWN AVENUE
PARLIN, NJ 08859
TEL: (732) 238-7700 FAX: (732) 238-7868

Teletherapy Permission Form

Name of Student: _____ Parent name: _____

Phone Number: _____ Email Address: _____

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- 1) Do you have a computer (PC, Laptop) available for instruction during the day either Apple, PC, Laptop or Tablet?

Yes _____

No _____

- 2) Will you give us permission to provide related services instruction using virtual remote methods (using a computer).*

Yes _____

No _____

By agreeing you are giving us permission to provide your child with mandated therapies virtually. If we do not receive this notice from you we will assume you are not in agreement and we will not provide mandated therapies virtually (by computer).

Parent Signature

**note that group instruction may not be possible through this method.*