



New Road School of Somerset

2200 Cottontail Lane

Somerset, NJ 08873

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www.newroadschool.com

Teletherapy Permission Form

Name of Student: _____ Parent name: _____
(please print) (please print)

Phone Number: _____ Email Address: _____

- 1) Do you have remote based learning capabilities (i.e. device and internet access) available for instruction during the day?

Yes _____

No _____

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

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*