[Date]

Dear Parent/Guardian,

With the unprecedented public health crisis hitting our nation, our school is taking steps to ensure that our students with disabilities continue to receive instruction through distance learning to the greatest extent possible. In order for students to receive group instruction and services (such as specialized academic instruction, speech and language therapy, and occupational therapy) in an environment as close as we can approximate to the group instruction your student received before the crisis began, we are currently organizing an online group instruction class for the benefit of your student.

Students may need a parent or guardian present to help them through the group activities online. This means that the parents and guardians may hear the other students' names, see the students' faces, and hear students' voices as the students participate in the group services. This is personally identifiable information protected by Federal law under the Individuals with Disabilities Education Act (IDEA) and the Family Educational Rights and Privacy Act (FERPA).

Therefore, in order to permit your student to participate in the online group instruction for the remainder of the 2019-20 school year, we request that you review and sign the form attached to this letter, which provides consent for your student's name, image, and voice to potentially be disclosed to the parents/guardians of other students in your child’s group. Additionally, we request that you to agree that no online group instruction sessions will be recorded.

Note that you are not waiving any other rights afforded to you under IDEA or FERPA and consent is voluntary. However, if you do not sign the attached form, we will not be able to allow your student to participate in online group instruction during the 2019-20 school year.

Please do not hesitate to contact us if you have any questions or concerns.

Sincerely,

[Name]

**AUTHORIZATION FOR ONLINE GROUP INSTRUCTION**

All sections of this form must be completed before a Student will be allowed to participate in the school’s online group instruction.

|  |  |
| --- | --- |
| Name of Student: |  |
| Grade: |  |
| Address: |  |
| DOB: |  |
| Telephone:  |  |

In consideration for the Student’s ability to participate in online group instruction during the remainder of the 2019-20 school year, the Parent or Legal Guardian (“Adult”) signing this form hereby agrees and consents to the potential disclosure Student’s personally identifiable information, as that term is defined and protected by the Individuals with Disabilities Education Act (IDEA) and the Family Educational Rights and Privacy Act (FERPA), to be used as follows:

1. The Adult understands that the Student’s name may be used during the course of the online group instruction program in the presence of the other students’ parents, guardians, or other individuals assisting their respective students to participate in the group activities. The Adult hereby grants consent for the Student’s name to be disclosed in this context.
2. The Adult understands that the Student’s image may be displayed on other students’ devices in the presence of the other students’ parents, guardians, or other individuals assisting their respective students to participate in the group activities. The Adult hereby grants consent for the Student’s image to be displayed in this manner.
3. The Adult understands that the Student’s voice may be broadcasted on the other students’ devices in the presence of the other students’ parents, guardians, or other individuals assisting their respective students to participate in the group activities. The Adult hereby grants consent for the Student’s voice to be disclosed in this manner.
4. The Adult understands and agrees that no recording device shall be used to record video or audio of any online group instruction sessions over the course of the program, or any portion thereof.

The Adult understands that signing this form is voluntary and may be revoked at any time.

**Printed Name of Parent/Guardian**

**Signature**

**Date**