



Agreement to Provision of In-Person Group Special Education and/or Related Services Through Live Streaming

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|---------------|--|
| Student Name: | |
| Program Name: | |
| School Year: | |

During the COVID-19 pandemic, to the extent that any student’s IEP or Section 504 Plan special education and/or related services are provided outside of the school building through alternative means (i.e. online/virtual platforms such as Meets, Teams, Zoom, etc.), the delivery of group services poses unique confidentiality issues for children and their caregivers. Any in-person group special education or related services may be provided through alternative means, including living streaming classes.

Live streaming classes allow students to receive the same instruction whether they are able to attend in-person or remotely. Some students will be in the classroom in-person, while others will be at home on a device viewing and participating in the same lesson/therapy session remotely. During live streaming instruction, adherence to the following is required.

Review and sign below to acknowledge the following considerations:

1. I understand that comments may be seen/heard by everyone watching the stream and in the classroom.
2. I understand that the same expectations utilized in the classroom will be used to address behaviors. Offensive, improper, or inappropriate comments, questions, or responses are not permitted.
3. I acknowledge that Southwest Cooperative cannot guarantee that the parents/guardians of children participating remotely, or anyone else in the home of such other children, will refrain from listening to or observing any group special education and/or related services provided to my child.
4. I understand that when a student requires privacy for self-regulation or further intervention, live streaming may be temporarily interrupted or paused.
5. I understand that caregivers are responsible for the supervision of students participating remotely during live stream instruction/group therapy. I authorize Southwest Cooperative to communicate with this student and confirm that a parent or guardian will monitor the student’s use of email and the internet for appropriate behavior remotely.
6. I understand that Southwest Cooperative employees are mandated reporters. Any suspected child abuse or neglect observed or heard during live streaming will be immediately reported.
7. I understand that live streaming is only for educational use.
8. I understand these classes/sessions are not recorded, nor is recording permitted.

9. I consent for my student to participate in a video live stream for academic instruction or group therapy.
10. I consent to the use of my student's name, likeness, voice, and biographical material in connection with the standard classroom activities that may be viewed on live stream.
11. I agree that Southwest Cooperative will not be held responsible if other parents/guardians or individuals in the home of students participating remotely violate these acknowledgments/agreements when my child is provided with group special education and/or related services.
12. I understand that my refusal to sign this Agreement will result in my child not receiving group special education and/or related services outside of school through alternative means, and that an individualized decision will be made by my child's IEP or Section 504 team regarding whether and to what extent such group services will be made up at another time.
13. I understand that I may revoke this Agreement in writing at any time, after which my student will no longer receive group special education and/or related services outside of school through live streaming, but may be eligible for make-up services, as determined by the IEP or Section 504 Plan team, at another time.

Parent/Guardian Signature

Date

Student Signature [if age of 12 or older, for provision of group special education and/or related services in which mental health or developmental disability records or information in such records may be disclosed]

Date

Adult Witness [18 or older, for provision of group special education and/or related services in which mental health or developmental disability records or information in such records may be disclosed]

Date

YOU MAY TAKE A PICTURE OF THIS SIGNED FORM ON YOUR CELL PHONE AND E-MAIL IT TO ADMINISTRATION AT:

Administrators Name _____ Email Address: _____

ALTERNATIVELY, IF YOU ARE UNABLE TO PRINT THIS AGREEMENT TO SIGN AND SEND, YOU MAY E-MAIL THE ABOVE ADMINISTRATOR AND STATE:

“We are unable to print this Agreement to sign manually, so please treat this e-mail as our Agreement in full.”

“Opening the world through education to children and young adults with diverse abilities”

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