



**OFFICE OF THE
CHIEF ACADEMIC OFFICER**

Division of Specialized Instruction
& Student Support

Consent for In-Person School-Age Evaluation

Student's Name: _____ Student ID#: _____ DOB: _____
Address: _____ Apt #: _____
City: _____ State: New York ZIP: _____
Name of Provider: _____ Phone #: _____
Provider Agency: _____ Phone #: _____

Instructions: This consent form must be completed before initiating or resuming an in-person assessment. A separate consent is required for each assessment.

I, (Parent/Guardian's Full Name) _____, consent to have my child's school-age special education assessment, _____, conducted in person. I understand that remote assessments are still available and preferred during the COVID-19 declared state of emergency. I agree to the conditions below so that my child's evaluation can be conducted in the safest way possible.

1. Everyone who will be present for the session and is 2 years of age or older will wear a face covering.
2. My child will wear a face covering during sessions unless it is not medically or developmentally appropriate or the clinician determines that it interferes with the assessment.
3. Everyone present but not directly involved in the assessment will remain at least 6 feet away from where the assessment is taking place.
4. Everyone present will wash their hands with soap and water or use an alcohol-based hand sanitizer immediately before the session begins and immediately after it ends.
5. If the assessment is being conducted in my home, I will provide the clinician access to a sink, soap and paper towels to wash and dry their hands after arriving, immediately before beginning the session and after the session ends.
6. Before each session, I will monitor the health of myself, my child and others in my household for COVID-19 symptoms, such as fever, cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell. I will notify the agency if anyone in my household is sick or has any of these symptoms in advance of the session or when I am asked by the provider before the session.
7. I will notify the evaluation provider or agency if any of the following occur for any member of my household:
 - a. Having tested positive for COVID-19 in the past 14 days
 - b. Being told by a doctor or the NYC Test & Trace team to remain home due to COVID-19
 - c. Required to quarantine based on the New York State COVID-19 Travel Advisory (<https://coronavirus.health.ny.gov/covid-19-travel-advisory>)
8. If an in-person assessment must be cancelled and replaced with a remotely conducted assessment, the remotely conducted assessment is instead of and not in addition to the in-person assessment.
9. The clinician will not bring toys or materials into the home to use during the session other than paper and assessment tools.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date