



**OFFICE OF THE  
CHIEF ACADEMIC OFFICER**

Division of Specialized Instruction  
& Student Support

**Consent for In-Person Special Education Itinerant Teacher (SEIT) Services**

|                   |                 |      |
|-------------------|-----------------|------|
| 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 in-person SEIT services.

I, (Parent/Guardian's Full Name) \_\_\_\_\_, consent to have my child's SEIT services provided in person. I understand that remote SEIT is still available and preferred during the COVID-19 declared state of emergency. I agree to the conditions below so that my child's SEIT services above can be provided in the safest way possible.

1. Everyone who will be present for the session and is 2 years 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 provider determines that it significantly interferes with the service being provided.
3. Everyone present but not directly involved in the session will remain at least 6 feet away from where the session 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 session is being provided in my home, I will provide the SEIT provider 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 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 session must be cancelled and is replaced with a remote SEIT session, the remote session is instead of and not in addition to the in-person session.
9. The SEIT provider will not bring toys or materials into the home or child care location to use during the session other than paper.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date