VIRTUAL CLASSROOM AND RELATED SERVICES GROUP PARTICIPATION CONFIDENTIALITY NOTICE AND PARENT CONSENT FORM

Dear Parents and Guardians:

In order to best meet the needs of our students during times of virtual learning, our teachers are using various resources and platforms to offer instruction and support.

As we transition into this new school year, our teachers will be using Schoology, Google Classroom and other various technology platforms as a way to facilitate the creation of classes, post assignments, and organize information for students. Please note that through this program, all students participating will be able to see each other's names and student email addresses.

Teachers and therapists will also be using a live video feed such as Google Meet and Teletherapy to interact with all students, including students with disabilities. This could occur with individual students, in small groups, or with whole classrooms. By joining a virtual group, you agree to participate and acknowledge that your child’s name (first and last) will be accessible to other student participants. With live video feeds, we are also unable to control who else may be in the room when a student is receiving these services remotely. The parent or guardian of students participating may also be present, supporting them in their remote classroom time at home. These sessions may be recorded by staff for student review purposes at a later time. If your child is participating in group instruction utilizing online platforms, please note that it may be possible for parents of other children in the group to see your student. Please maintain confidentiality and respect the privacy of all students during this period of remote learning. Unauthorized audio or video recordings (including screencaptures, photos, etc.) of these sessions may be unlawful. Any recordings must be made and used in accordance with the Family Educational Rights and Privacy Act (FERPA) and state law. We will be taking reasonable measures to preserve your privacy and the privacy of your student(s). **If at any time, you are not comfortable with having your child participate in a Google Meet, Schoology or other technology platforms please reach out to your child’s teacher or related service provider to review other options of program delivery.**

The Simpson County School System expects that all families review and implement the following guidelines and expectations to ensure that confidentiality rights of all students are protected when live videos are used.

1. Parent or Guardian shall make every effort to ensure that no one other than the student scheduled to participate can see or hear the live virtual session.
2. No recordings will be made by the parent, guardian, or student of virtual live sessions.
3. If parental or other third party involvement in a virtual live session is necessary to enable a student to participate, the individual assisting the student shall not re-disclose any personally identifiable information about any student participating.
4. When participating in a group intervention, please be mindful of the educational environment and eliminate distractions that may divert the students’ attention away from learning.

Thank you for your support. Please contact your child’s teacher/service provider with specific questions.

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Student’s First and Last Name

\_\_\_\_\_ I give my consent for my child to participate in group video and or audio conferencing for the purposes of virtual learning and or therapy. Additionally, I have read the terms and conditions set forth by Google Meet, and I agree to those terms.

\_\_\_\_\_ I DO NOT give my consent for my child to participate in group video and or audio conferencing for the purposes of virtual learning and or therapy.

If you do not give your consent for your child to participate in group video and or audio conferencing for the purposes of virtual learning, please contact your child’s teacher/provider/principal.

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Signature of Parent/Legal Guardian

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Date