



Dede Proujansky  
Executive Director

**RELATED SERVICES TELE-THERAPY AND TELEPHONE PERMISSION FORM**  
**2024 – 2025 SCHOOL TERM**

Dear Parent,

During distance learning, all related services will be delivered via TELE-THERAPY or TELEPHONE.

Please fill out the form below and return to the school.

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STUDENT NAME: \_\_\_\_\_

I give permission for my child to receive the following related services via TELE-THERAPY or TELEPHONE.

\_\_\_\_\_ Counseling

\_\_\_\_\_ Speech Therapy

\_\_\_\_\_ Occupational Therapy

\_\_\_\_\_ Physical Therapy

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_