**Consent for a Virtual Performance Evaluation/Observation for SEIT Services**

At NYTPS, we provide clinical supervision to our Special Education Itinerant Teachers (SEITs) to improve their teaching performance. The Supervisor works closely with SEITs to encourage the professional development of teachers, to guide the improvement of teaching skills, to help teachers focus on student outcomes and plan proactive strategies to increase student performance.

If the virtual performance evaluation takes place at a school, then the school must give consent. If the virtual performance evaluation takes place at home, then the parent/guardian must give consent.

I (parent/guardian or school)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give consent for the SEIT (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from New York Therapy Placement Services, Inc. to complete a virtual performance evaluation/observation for (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_child’s date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The virtual performance evaluation will take place at (location:home/school)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Signature:** **Date:**

**Signed by (check off):**

**parent/guardian**

**school:**

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* If the virtual performance evaluation takes place at a school, then the school must give consent.
* If the virtual performance evaluation takes place at home, then the parent/guardian must give consent.

Child’s name:

Child’s DOB:

SEIT’s name:

Location of observation:

Parent/guardian or School staff:

I give consent for New York Therapy Placement Services, Inc. to complete a virtual performance evaluation/observation for the SEIT provider and child listed at this location.

**Signature:** **Date:**

Signed by (parent/guardian, school):

**Signed by (check off):**

**parent/guardian**

**school:**