Script for Calling Families

Student Name: ___________________________________________ 
Phone Number: __________________________

Therapist Name/Discipline: ________________________________
Date: ______________

Introduction:

Hello, my name is (State Your Name) and I am an (Occupational/Physical/ Speech) Therapist from the _____Department of Education/_____ School District.

At this time, delivery of face-to-face services will not be possible during a school closure. I am calling to schedule teletherapy for (student name), who receives (state relevant mandate). Teletherapy is the delivery of (relevant service) via live video conferencing. Teletherapy will link me to your child for therapy services via secure video conference. If your child has a group mandate, other children/caregivers may be participating in the video conference simultaneously. You have the right to be informed of all parties who will be present at the teletherapy session. Please keep in mind that some services may not be appropriate for delivery via teletherapy. Additionally, you have the right not to consent to your child’s participation in (relevant service) via teletherapy.

At this time, I would like to gather some information from you in preparation for (student name):

Can you please confirm your first and last name for me? ____________________________________________

Can I also have your email address? __________________________________________________________

You will be getting a copy of this completed form at the email address you provide. [Enter information in Form] Thanks for that information.

Is this your best telephone number? ____________________________

What is your preferred method of contact? ______________________________________________________

Please also provide an alternate way that you can be reached? ______________________________________

How is your child doing (i.e. calm and happy, has easily adjusted to the transition, a little anxious/nervous, appears highly anxious, scared, and nervous, has frequent meltdowns, has difficulty sleeping, prefer not to answer). __________________________________________________________

Receiving Consent:

Do you consent for your child receiving (relevant service) through teleconference?  Yes  No

If parent provides consent: I am documenting that you are providing consent for (relevant service) through teleconference. You will receive an email confirmation documenting your response at the email address you provided.
What is the best email address for you that we will use to conduct the tele-therapy sessions (double check for accuracy of email):
________________________________________________________________________

Please let me know your preferred times for the teletherapy sessions. We will do our best to accommodate. (Consider the student’s regular session time as a possibility):
________________________________________________________________________

We recommend that teletherapy be delivered in a quiet setting with sufficient lighting and a clear space with the ability to move freely if needed. Have you been able to locate a space in your home to conduct the teletherapy sessions?   Yes   No

Who will be present with ___ during the teletherapy sessions?  ____________________________________________

(If the availability of an adult impacts the delivery of teletherapy, please indicate on the Teletherapy Provider Caseload Review form)

Do you have access to a device for teletherapy sessions? (i.e. laptop, tablet, smartphone, etc.)
Yes   No   ____________________________________________

Do you have access to WiFi?   Yes   No

Do you have materials available for the teletherapy session? (Specify the materials that may be helpful for sessions: scissors, ball, books, etc.):  ____________________________________________

Does (student’s name) use a communication device? If yes, please have the device charged and available for use during the sessions.

Thank you for your time. I will share an invite to the teletherapy session shortly. If you have any questions, please email me at (Therapist district email address). Goodbye.

If parent did not provide consent: I am documenting that you are not providing consent for (relevant service) through teleconference at this time. Would you prefer distance learning? This can include having materials/resources/activities sent you by email or in the mail and follow up to regarding the materials sent. You will receive an email confirmation documenting your response at the email address you provided. Thank you for speaking with me. Goodbye.

If parent revoked consent: I am documenting that you are revoking your consent for (relevant service) through teleconference at this time. Would you prefer distance learning? This can include having materials/resources/activities sent you by email or in the mail and follow up to regarding the materials sent. You will receive an email confirmation documenting your response at the email address you provided. Thank you for speaking with me. Goodbye.