**Consent Form**

TinyEYE Therapy Services | www.TinyEYE.com | 1-877-846-9393

Therapy Service Guide for Parents

Your child has been referred for therapy services. This document was created to help you understand our therapy program. If you agree to services, please sign the attached consent form. Contact Marnee Brick, Director of Therapy Services, with any questions or concerns: 1-877-846-9393 or Marnee@TinyEYE.com.

**What services will my child receive?**

We create student-focused programs. Your child’s services may include one or more of the following:

* Assessment: An evaluation helps to determine your child’s therapy plan. If your child recently had an assessment, your therapist will apply the recommendations to creating the therapy plan.
* Therapy: Your TinyEYE therapist will regularly meet with your child during fun and successful sessions. Our goal is for your child to enjoy learning, while feeling capable about using the developing skills throughout daily activities. We are accountable for your child’s outcomes.
* Consultation: We value partnering with educators and parents to help your child thrive in a learning-enriched environment. Consulting with your child’s team is especially helpful when your child may not personally attend regular sessions. Instead, the therapist focuses on supporting your child’s educators, who will then help your child excel during the school day and beyond.
* Backpack Practice Program: Your child will receive a password to access his or her online practice Backpack. Inside you can find practice games, session notes, and video clips of your therapist or child. If you do not have access to the internet, we can send activities and reports home through the school. Our goal is to give caregivers access to their children’s programming, while also ensuring our programming is relevant and helpful to our students’ lives.

**Who will provide the services?**

Your licenced therapist is highly trained and committed to providing specialized service to your child. In addition, a qualified therapy assistant may serve your child under the direction of the therapist. A school assistant will help your child attend sessions and will remain with your child during the sessions.

**What are the risks and benefits of a therapy program?**

Benefits: Your therapist is focused on helping your child feel successful. Regular participation in the therapy program can help your child develop enhanced skills, make friendships, grow confidence, and experience greater participation in school and life activities.

Risks: Therapy can increase your child’s awareness of his or her challenges and result in missed class time due to attending sessions. Your therapist is sensitive to these risks and strives to ensure a positive experience.

**How will my child receive services?**

Your child will meet with the therapist through our secure, online therapy room. The therapist and your child will see and hear each other on their computer screens as they interact with the virtual therapy activities. Some schools also utilize telepresent robots and SMART Boards to enable the therapist to monitor and work with your child in their classroom environment. If you have any questions or concerns regarding your child’s therapy program, please feel free to contact us. It is our privilege to serve you.

Please keep pages 1 and 2 for your records and submit page 3 to your teacher.

**Informed Consent**

By agreeing to use TinyEYE, I acknowledge, Therapy information is by its nature sensitive in nature. Communications outside of the software program (e.g. emails) may go to servers located outside of Canada and may be subject to the privacy laws in those jurisdictions. Even though the Therapist used in the sessions are registered in British Columbia they may not reside in Canada. Information in that case may cross borders.

*[school name]* is suggesting using TinyEYE with your child because your child would benefit from having Speech-Language or Occupational Therapy. TinyEYE is an unobtrusive method to deliver these therapies at a cost which is substantially less than face to face therapy.

*Please keep page 1 and 2 for your records and complete page 3 to be sent back to me for my records. Thank you.*

**Teacher Name:**

**Contact Information:**

Please choose one of the following, if you feel that you do not have enough information to make an informed decision, please contact me to discuss further:

[  ] My child and I agree to the rules for using TinyEYE

[  ] I do not agree to the use of TinyEYE and I am aware it may result in therapy services not being rendered to the student or an alternative method of therapy which may not be funded.

We understand the privacy risks and management strategies as they have been shared with us.

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Parent Signature                                                                                  Date

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Student Signature                                                                                Date

Received by teacher on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_