Date: August 30, 2020

Dear Kent Island High School Families,

Your child, (student), is invited to attend a personalized instructional session with (teacher’s name) on (date) at (time). This session will be conducted virtually via the Google Meet platform. Informed consent is required for your child to participate.

INFORMED CONSENT FOR VIRTUAL LEARNING

Technology Requirements
The student requires access to, and familiarity with, the appropriate technology to participate in the service provided. This includes the necessary electronic device and internet access.

Parent/Caregiver/Student Responsibilities
I understand that it is my responsibility to maintain privacy on the student's end of communication. This includes arranging a location that is free from or provides reduced distractions and has sufficient lighting. I will not discuss other students that may also be participating in the session with others.

Risks
I understand that there are risks in using technological service delivery including the possibility that a.) technology may fail before or during the session, b.) transmitted information may be unclear or inadequate for proper use in the session, and/or c.) information may be intercepted by an unauthorized person or persons. Specific risks to confidentiality may include breaches of confidentiality or theft of personal information to include the student’s name or image.

Confidentiality
I understand that the laws that limit my rights to confidentiality with in-person sessions also apply to virtual learning sessions.

Records
The virtual learning session will not be recorded in any way and QACPS does not provide permission for recording by others. I understand that my child’s virtual learning session will be documented in the same way that it is maintained for in-person sessions per QACPS policies.

Self-termination
I may withhold or withdraw consent for virtual learning sessions at any time without jeopardizing my access to future sessions.

By participating in this virtual learning session, I certify that:
I have read this document carefully and fully understand the benefits and risks. I have had ample opportunity to ask questions and have received satisfactory answers. I voluntarily consent to participate in virtual learning sessions.

Informed consent granted by:

___________________________________________________________

Parent/Caregiver’s written name and signature                                      Date