



SOLEY FOR NYCDOE RELATED SERVICES CONTRACT AGENCY
AND SCHOOL USE ONLY – PLEASE DO NOT DISTRIBUTE TO OTHERS

Provider Tele-therapy Readiness Checklist

Student Name:

OSIS #:

Mandated Related Services: OT PT Speech Other:

Related Service Provider/ Discipline:

Date:

Has consent for tele-therapy been obtained and uploaded into SESIS? Yes No

Comments if needed:

Have you informed the Special Education Teacher of your recommendation as to the appropriateness of tele-therapy? Yes No

Comments if needed:

Has family contact information, alternate number and email address been confirmed? Yes No

Comments if needed:

Has the family designated a location for tele-therapy to take place? Yes No

(Remind family to consider adequate lighting and a quiet environment.)

Comments if needed:

Does the family have internet access? Yes No

If not, please inform your principal as soon as possible.

Comments if needed:

Does the family have a device that the student can use for tele-therapy? Yes No

If not, please inform your principal as soon as possible.

Comments if needed:

Are specific therapy materials needed for sessions? Yes No

If so, does the family have access to those materials? Yes No N/A

Comments if needed:

Does the student have a communication device? Yes No

If so, is having it charged and prepared for use during each session a concern? Yes No N/A

Comments if needed:

Are there other DOE IEP team members to connect with regarding supports to this student? Yes No

Comments if needed:

Does this student require an on-site support person during tele-therapy sessions? Yes No

If on-site support will be needed, has the family identified that person? Yes No N/A

Comments if needed: