***O’Brien* Speech, Language & Learning PLLC.**

**Discover, Encourage, Grow**

**Attestation for Returning to In-Person Services Following the Covid-19 Shutdown**

• I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your full name

Attest to having read and understanding the Policy and Procedure Manual/ guidelines of O’Brien Speech Language and Learning based on the NY State Department of Education, Department of Health and CDC. I agree to the following:

* Obtain a copy and/or participate in health and safety protocol training provided by the school district/ County , and State that addresses the CDC and DOH safety guidelines for in-person Special Education Services.
* Understand the symptoms of COVID-19
* Understand proper use of PPE including how to safely put on and take off masks and gloves
* Understand universal precautions
* Understand social distancing measures
* Understand hand washing and/or hand sanitizing practices
* Understand cleaning and disinfecting practices
* Understand the current guidelines and recommendations set forth by NYSED, DOH and the CDC

**Note: By signing this form below, I understand that my participation in receiving services is voluntary and that I accept the inherent risks associated with accepting services in-my home during the COVID-19 pandemic. I freely accept having services in my home and understand that I am free to discontinue in-home services at any time should I feel unsafe or if I feel that my health may be in danger. I affirm that I have read and understand the above information regarding guidelines, precautions, and protocol.**

Parent/Guardian (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be in effect for 12 months.