***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, you understand that your participation in providing services is voluntary and that you accept the inherent risks associated with providing in-home/ in-office services during the COVID-19 pandemic. You are not under any obligation to accept this assignment and understand that you may relinquish the caseload at any time should you feel unsafe or if you feel that your health may be in danger while in completion of your work. You are accepting this caseload on your own free will and have read, understand and will abide by the terms listed above while taking all necessary precautions to work safely during this time.**

Provider Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

To be in effect for 12 months.