



SUMMIT ACADEMY
150 Stahl Road, Getzville, New York 14068 • (716) 629-3400 • FAX (716) 629-3497

April 9, 2020

Dear Parents/Guardians,

I hope this letter finds you healthy and safe at home. As Summit Academy continues to work through this challenging time, we are investigating the use of tele-health services to provide individual related services. We understand this may not be appropriate for all students, and may not work for all families, but it is our hope to determine the need as well as the availability to implement these services. **Please note that we are unable to provide all IEP services, are unable to guarantee that your student will be working with the same therapist they worked with during school and may not be able to offer much flexibility in terms of the therapy schedule.**

In order to provide services, we will require consent as well your interest. Again, this is in the investigation stage based on available therapists and realistic student participation. **During all sessions, a parent/guardian would be required to accompany their child, for the entire session, in order to provide the necessary carry-over and implementation.**

Below, please indicate your interest in telehealth by checking the boxes below. Based on your child's current individual service levels, how many sessions will you be able to accommodate per week?

I am interested in participating with my child for the following services (only check services your child has already been receiving). Please add the service/s to the attached consent form (*insert type of service*)

_____ Speech and Language services (Available hours per day _____ Day/s preference _____)

_____ Occupational Therapy services (Available hours per day _____ Day/s preference _____)

_____ Physical Therapy services (Available hours per day _____ Day/s preference _____)

We anticipate implementing services as early as next week and require the attached signed consent. Upon receipt, our Clinical Supervisors will be working with their therapists to develop a schedule. At that time, a therapist will be in contact with you for availability.

Please contact your child's teacher prior to completing the enclosed consent forms, they will help you.
Forms must be properly completed prior to starting services.

Please sign the attached 2 consent forms (one for services and one permitting us to receive an unencrypted email) and return, with this letter, to swhittaker@thesummitcenter.org, by Monday, April 13, 2020.

You can sign the forms, take a photo with your cell phone and send the picture/s via e-mail if this is easier for you. **You are also welcome to send this documentation back in the return envelope to: The Summit Center, 150 Stahl Road, Getzville, New York 14068, Attn. Dr. Susan Whittaker.** Once we receive your consent forms you should expect to hear from a therapist within a week. Thank you for your support as we continue to navigate through this difficult period.

Regards,

Susan Whittaker
Susan Whittaker, Ed.D, SBL
Principal, Summit Academy