



Office of Exceptional Student Education

Notice of Group Instruction Participation and Confidentiality of Information

Student name: _____ (Student)

Parent name: _____ (Parent/Guardian)

Due to concerns created by a health emergency, Leon County Schools (LCS) has closed its brick and mortar schools. Many educational services and therapies will be provided through audio and/or video conferencing. Because LCS is unable to control who may be present in the home of students that are receiving such services virtually, the Parent/Guardian hereby acknowledges the following:

1. Students will be receiving services through distant means rather than in person.
2. Students may participate in a group instructional or therapy session. Students and others in the group will be participating at home or at another location which may result in others overhearing personally Identifiable Information of students who are participating, the confidentiality of which is protected under FERPA and Section 1002.22, Florida Statutes (the "Information").
3. Any information on any students obtained through these sessions is confidential and not to be shared with anyone.
4. By no means should an individual record these sessions either through audio or video means.
5. Leon County Schools is acting in good faith to appropriately and feasibly provide to students with disabilities to benefit and support the learning of each individual student and engage them in productive, distant learning arenas with their peers in light of the school closures and all circumstances surrounding the COVID-19 situation.

Date provided to the parent/guardian: _____

Format used to provide this information to parent/guardian: _____