

Pearl River School District

135 W. Crooked Hill Rd. Pearl River, New York 10965-2730 www.pearlriver.k12.ny.us Phone: 845-620-3939– Fax: 845-620-0404 Moffac@pearlriver.org

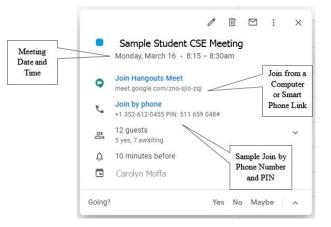
Carolyn M. Moffa Director of Special Services

March 19, 2020

Good Afternoon,

In the event that schools are closed and not in session during the scheduled day and time of your child's meeting, please note that <u>all CPSE, CSE and 504 meetings will take place as scheduled.</u> The meetings will be conducted remotely. The district is going to use **Google Hangouts** to hold virtual meetings.

You will be emailed a telephone number and pin # to call in to the meeting. Please call in using the number listed in the email and then when prompted enter the PIN #.



Please be sure to check your email before the scheduled meetings. We are going to try to stay with the original scheduled day and times as much as possible. Since these are confidential meetings, please try to find a private area to participate.

## We will begin using Google Hangouts for all meetings beginning Monday, March 23, 2020 until further notice.

Thank you so much for your continued cooperation and support. If you have, any questions or concerns please feel free to contact me at (845) 620-3938 or via email at <a href="mailto:moffac@pearlriver.org">moffac@pearlriver.org</a>

Thank you.

Sincerely,

Carolyn M. Moffa Director of Special Services PRSD

Please sign and return the consent form to:

The Office of Special Services 135 West Crooked Hill Road Pearl River, New York 10965

Attention: Ms. Carolyn M. Moffa, Director of Special Services

Or, you may scan and email your signed consent to moffac@pearlriver.org

## Parental Consent for Participation in Virtual Meetings

Date: \_\_\_\_\_\_ 2020

I \_\_\_\_\_\_ (Insert Name) agree /don't agree (circle one) to participate in the Committee on Pre-School Special Education (CPSE) meeting ,Committee on Special Education (CSE) meeting , 504 meeting ( circle one) for my child \_\_\_\_\_\_ (Insert Child's Name) by virtual participation as a result of the school closings and COVID-19 related health concerns. I understand that in the event that I do not consent to participate in such meeting virtually, that the CSE meeting will be reschedule to a date and time when schools reopen.

Parent's Name and Signature