



The Stepping Stones  
GROUP™  
Special Education Solutions

## Provider Teletherapy Readiness Checklist

**Student Name:**

**Student ID #:**

**Mandated Related Services:** OT  PT  Speech  Other:

**Related Service Provider/ Discipline:**

**Date:**

**Has consent for teletherapy been obtained? Yes  No**

*Comments if needed:*

**Has family contact information, alternate number and email address been confirmed? Yes  No**

*Comments if needed:*

**Has the family designated a location for teletherapy to take place? Yes  No**

**(Remind family to consider adequate lighting and a quiet environment.)**

*Comments if needed:*

**Does the family have internet access? Yes  No**

**If not, please inform your principal as soon as possible.**

*Comments if needed:*

**Does the family have a device with a microphone and a video camera that the student can use for teletherapy? Yes  No**

**If not, please inform your principal as soon as possible.**

*Comments if needed:*

**Are specific therapy materials needed for sessions? Yes  No**

**If so, does the family have access to those materials? Yes  No  N/A**

*Comments if needed:*

**Does the student have a communication device? Yes  No**

**If so, is having it charged and prepared for use during each session a concern? Yes  No  N/A**

*Comments if needed:*

**Does this student require an on-site support person during teletherapy sessions? Yes  No**

**If on-site support will be needed, has the family identified that person? Yes  No  N/A**

*Name of on-site support person:*

*Phone:*

*Email:*