

Provider Telehealth Readiness Checklist

Student Name: _____ Student ID #: _____

Services to be provided: _____

Service Provider: _____

Has consent for telehealth 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 telehealth 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 the 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 telehealth?

Yes No

If not, please inform the principal as soon as possible.

Comments if needed: _____

Are specific session materials needed? 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 telehealth 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: _____