

North Carolina Infant-Toddler Program (ITP) Checklist for Teletherapy During COVID-19

This checklist is intended as a tool for providers to use to ensure readiness for teletherapy services with CDSA clients. This form is not required and does not need to be submitted to the CDSA.

| NC ITP Checklist for Teletherapy | Yes | No |
|--|--------------------------|--------------------------|
| Family has access to a WIFI connection at home | <input type="checkbox"/> | <input type="checkbox"/> |
| Family has access to a smartphone/tablet/or computer with webcam and speakers | <input type="checkbox"/> | <input type="checkbox"/> |
| You know what type of device the family will use (Android, Windows, Apple) | <input type="checkbox"/> | <input type="checkbox"/> |
| Family has an email account, (if required by platform) and can access it. Family email address is: Click or tap here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> |
| You will be conducting sessions in a secure area that is private and cannot be overheard or viewed by individuals who are not involved in the session. | <input type="checkbox"/> | <input type="checkbox"/> |
| Provider will ensure to the family that there will be no recordings made of any session, at any time, by the provider. | <input type="checkbox"/> | <input type="checkbox"/> |
| The bandwidth at the family's home has been judged adequate. | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent has given verbal consent for teletherapy and it is noted/dated on the <i>Teletherapy Consent Form</i> . | <input type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention Service Coordinator (EISC) has been contacted about the family agreeing to teletherapy. | <input type="checkbox"/> | <input type="checkbox"/> |

Client name: [Click or tap here to enter text.](#)
 Provider name: [Click or tap here to enter text.](#)
 Discipline: [Click or tap here to enter text.](#)