

## 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: <a href="#">Click or tap here to enter text.</a>	<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.](#)