In-Person Questionnaire/Checklist
For Use to Determine Client Readiness

Child's name: _____ Parent's name: _____ Date: _____

We are beginning the process of restarting some in-person sessions given the current COVID-19 trends. This questionnaire will help us determine if we can shift some or all of your services to in-person. We maintain that virtual services are the safest way for us to support your family, however with decreasing COVID numbers, we might be ready to begin to see each other again in person.

☐ Are you interested in in-person services at this time? [If the answer is no, please do not continue.]

☐ It is important for us to discuss if there are any members of your household who may be at higher risk for COVID. For example, anyone who is medically fragile, immunocompromised, over 65, has heart disease, asthma, lung disease, etc. Can you please let me know if this is true for anyone in your home, and if so, would you still feel comfortable with in-person services?

☐ Services will only be permitted with your child + one adult from your family/house + myself. Additional members of your family can join virtually if desired. [Exception if you are working with twins.] Will this work for you?

☐ Do you have a room in your home that will be large enough for us to maintain at least 6 feet of space between myself and your child/you? Can you please describe the space for me? [Provider, please note the details here.] If not, are you interested in outdoor services and do you have access to a safe outdoor space at or near your home where services can be provided?

☐ We require that masks must be worn at all times (properly, covering nose, mouth & chin) for all adults and children 2 years and older. Do you agree to this? And do you have access to masks to wear (adult and child, if applicable)?

☐ I will wear a mask as well as an eye covering (glasses, goggles or face shield) at all times during our session.

☐ We will also require that all participants wash hands or use hand sanitizer at the start of our session. Agreed?

☐ Before each session, I will contact you that day for a health assessment to ensure that we can continue with an in-person session. Agreed?

☐ If anyone is sick or unable to participate in the in-person session, we can agree to hold a virtual session in its place if you'd like. Ok?

☐ We both agree to communicate immediately if we have been exposed to someone who tests positive for COVID-19, yes?

Thank you for answering all of these questions. I will review your checklist with my program coordinator and I will get back to you as soon as I can to determine if we can move forward with in-person services.

I attest that I have asked the above questions and that they are accurately recorded based on the parent's responses.

_____   _____
Provider signature   Date