



TEACHING PLAY© ADMINISTRATIVE FORMS

Teaching PLAY is most successful when the program has support from administrators and clear expectations for all involved. Below are some sample forms to help Teaching PLAY Consultants communicate and partner with school administrators and teaching staff.

Table of Contents

1. School Participation Letter and Agreement	1
2. Video Permission Forms	5
Staff Permission Form.....	5
Student Permission Letter and Form.....	6

1. School Participation Letter and Agreement

Dear Preschool Administrator,

Thank you for your interest in participating in the Teaching PLAY training program, a developmental and play-based approach to helping children with autism and other developmental delays in the preschool setting. We are happy to be able to offer this service to your school!

Program Overview: This training program will support educators and support staff to provide individualized intervention to a student in the classroom who has been identified as having an autism spectrum disorder or related developmental delays. Focusing on the core principles of PLAY Project’s evidence-based, developmentally appropriate, relationship-oriented, child-centered approach, the Teaching PLAY training helps educators to:

- Create a unique student profile, based on the child’s functional development, sensory needs, and challenging behaviors
- Create a PLAY Plan of specific techniques and activities for effectively engaging the child
- Implement practical strategies for increasing positive interactions, reducing negative behaviors, and integrating the student into activities with peers when possible

Partnership: In order for participants to fully benefit from the program, we ask for commitment and collaboration from school administrators and staff. Please read through the following timeline of activities, benefits, and expectation for participation in the Teaching PLAY program to determine if your preschool would like to participate in this opportunity:

Timeline	Benefit/Activity	Expectations
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TEACHING PLAY[©] ADMINISTRATIVE FORMS

<p>Summer/ Early Fall</p>	<p>Preparation and Orientation: Teaching PLAY training program</p> <ul style="list-style-type: none"> • Participants will be provided with orientation materials and a schedule of events 	<p>School administrator will:</p> <ul style="list-style-type: none"> • Identify classroom for participation • Coordinate dates and times for program activities detailed below • Provide contact information for participating teachers and support staff <p>Teacher will:</p> <ul style="list-style-type: none"> • Identify one student with autism or other developmental delay for participation in program • Document permission for students to be videotaped for training and educational purposes
<p>Early Fall</p>	<p>Pre-assessment: Online knowledge exam for all participants</p>	<p>All participants will complete a brief online knowledge exam.</p>
<p>Early Fall</p>	<p>Introduction to Teaching PLAY Workshop: A workshop providing foundational information about the PLAY Project model, current research, and implementation in the classroom setting</p>	<p>All teachers, therapists, and aides participating in training are expected to participate</p>
<p>Throughout the school year</p>	<p>Teaching PLAY Classroom Visits:</p> <ul style="list-style-type: none"> • 4-6 half-day classroom visits • Teaching PLAY Consultants (TPC) will observe, collect video, coach and model for teaching staff • Debriefing sessions over the lunch hour with the team: TPC will facilitate discussion, review video, and provide strategies for classroom implementation 	<p>Teacher will:</p> <ul style="list-style-type: none"> • Coordinate with Teaching PLAY consultant to schedule 4-6 classroom visits (and make-up dates) <p>All participants will:</p> <ul style="list-style-type: none"> • Be available for training during the half-day visits • Be present at the lunch hour debriefing sessions
<p>October/November and April/May</p>	<p>In-service trainings: Teaching PLAY Consultants will facilitate 2 in-depth (2-3 hour) training sessions.</p>	<p>Teachers, therapists, and aides will be expected to participate in 2 in-service sessions. School will:</p>



TEACHING PLAY© ADMINISTRATIVE FORMS

	<ul style="list-style-type: none">• The first session will be conducted after the first or second classroom visit, and will be devoted to creating an individualized profile and PLAY Plan for the identified student• The second session will provide an opportunity for reflection and closure of the training program	<ul style="list-style-type: none">• Allow time in staff schedules to participate, providing classroom coverage as needed• Provide a meeting space for training sessions
April/May	Post-assessment: Online knowledge exam and satisfaction survey for all participants	All participants will complete a brief online knowledge exam and satisfaction survey.

We ask that the site administrator sign and return this document to NAME by DATE in order to participate.

Please contact NAME with any questions you might have (contact info below). Thank you for all that you do to serve children and for your interest in Teaching PLAY!

Sincerely,

NAME
CONTACT INFO



TEACHING PLAY[©] ADMINISTRATIVE FORMS

Teaching PLAY Statement of Agreement

I have read the above expectations for participation in the Teaching PLAY training program, and agree to commit the time and resources needed for the selected teachers to complete training during the YEAR school year.

Signature

Name and title

Name of school/location:	
Name of administrator:	Contact info:
Name of Lead Teacher:	Contact info:
Name(s) of other participants:	Contact info:



2. Video Permission Forms

Staff Permission Form

I consent to allow the PLAY Project to use video and written documentation of myself obtained during Consultation Visits for the following purposes (please **initial each use where you grant permission**, or initial the last item if approval is not granted):

1. _____ **Training for the teachers, aids, and therapists in the Teaching PLAY program in which I am participating (REQUIRED for participation)**
2. _____ Training seminars for professionals and students; aimed at training teachers, therapists, and support staff in the Teaching PLAY Program
3. _____ Community workshops where parents and professionals attend; aimed at introducing the community to autism and the Teaching PLAY program
4. _____ All the above uses are approved.
5. _____ None of the above uses are approved.

I understand that the people shown in the videotape will not be disguised and will be identifiable.

CONSENT

I acknowledge that I have read the above release prior to executing it and I am familiar with its contents. I voluntarily agree to and give permission to Richard Solomon, MD and The PLAY Project for use of video recordings of my child and family for the above identified purposes.

Training Site

Date

Signature

Printed Name



TEACHING PLAY© ADMINISTRATIVE FORMS

Student Permission Letter and Form

Dear Family,

Your child's classroom has been selected to be a part of Teaching PLAY, a teacher training program that focuses on building strong relationships between adult and child, and helping students reach their full potential in their social-emotional development.

A critical part of this training includes reviewing video of teaching professionals and students interacting in the classroom. These videos illustrate developmental levels and PLAY techniques and help to show how to work with the broad array of children with developmental delays and social-emotional challenges.

We request your permission to collect video footage of your child for the purpose of this program. Please review the release form and choose the level of permission with which you feel comfortable.

We hope that the Teaching PLAY teacher training program will benefit all students in the classroom and we thank you for taking the time to consider participating in the program.

Sincerely Yours,

NAME

Title



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PERSONAL RELEASE FORM

I consent to allow NAME and the PLAY Project to use video of my child for the following purposes (please **initial each use where you grant permission**, or initial the last item if approval is not granted):

1. _____ **Training for my child's teacher, aids, and therapists in the Teaching PLAY program (REQUIRED for participation)**
2. _____ Training seminars for professionals and students; aimed at training teachers, therapists, and support staff in the Teaching PLAY Program
3. _____ Community workshops where parents and professionals attend; aimed at introducing the community to autism and the Teaching PLAY program
4. _____ All the above uses are approved.
5. _____ None of the above uses are approved.

I understand that the people shown in the videotape will not be disguised and will be identifiable.

CONSENT

I acknowledge that I have read the above release prior to executing it and I am familiar with its contents. I voluntarily agree to and give permission to NAME and The PLAY Project for use of video recordings of my child and family for the above identified purposes.

Child's Name

Date

Signature of Parent or Guardian

Printed Name of Parent or Guardian