



PHOTO PERMISSION FORM

Dear Parents,

We would like to use photographs/videos to document skills, effective techniques, school events and to assist the students in sharing information about their school day and friends.

Student Name: _____

Please mark the check boxes if you agree. Please sign and date below:

- We would like to send photographs of your child to the homes of other children within the class to be used by the children and their parents/therapists to facilitate communication about each of the other children in the class.
 - Sometimes when videotaping one child, another is in or becomes part of the video. We would like to use this video that may contain segments with your child to show the parents of the other children in the classroom.
 - Please indicate whether a copy of this video could be released to the parents of the other children.
 - Upon receiving photographs/videos of other children, I agree to protect the privacy of the other students by using these photographs and videos only within the context of activities at home or in one-to-one private therapy. I agree not to publish or share these photographs or videos outside these contexts.
 - Our publicity during the school year may include pictures that will appear in local publications.
 - Photographs/videos may be posted on the NNSSED website.
- Check one:** first name included
 name NOT included
- Photographs/videos may be used for professional development programs prepared by NNSSED.

Parent Signature: _____

Date: _____

The use of photographs and videos can assist in communication and documentation. Given the high level of trust among parents and staff, we do not expect any breaches of confidentiality. However, once photographs or videos are released to other families, we cannot guarantee that they will not be shared with others. We appreciate your consideration.

Sincerely,

Danielle Carter
NNSSED ELS Administrator