



**PARENT PERMISSION FOR I-TEAM SERVICES
AND CONSENT TO THE RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION**

I am the parent of _____.

I give permission for my child's IEP team and school:

- To request and receive consultation services from the Vermont I-Team and related UVM personnel to support planning and implementation my child's IEP and school program.
- To exchange information from my child's educational records with the I-Team for use during the consultation and related planning and implementation of the IEP.

I understand that:

- I- Team services may include such services as observation of my child in educational settings (including the home, if my child is receiving IEP/IFSP/OnePlan services there), participation in team meetings, talking with me and with school staff and service providers about my child's needs, and providing training and/or recommendations.
- There is no cost to my family for these services.
- Confidentiality requirements will be observed by the school and the I-Team.
- The I-team services will be continue on an ongoing basis, unless the IEP team/school district no longer requests I-team consultation.
- I may revoke this consent in writing at any time in the future if I no longer wish to have the I-team consult with respect to my child's IEP and/or educational programming.

Signature of Parent/Guardian: _____ Date: _____

Print Parent/Guardian Name: _____

Language used in the home: _____

Child's Name: _____

School District/School Name: _____

(over)

Additional Consents

1. **Photographs and recordings for Use by Team.** I consent for the I-Team and my child’s school to photograph, record, audio and/or video my child to assist in determining and providing IEP recommendations and implementation. These items will only be shared with I-Team members and IEP and school team members involved in planning and/or implementing my child’s programming.

_____ Date: _____
Parent/Guardian signature

2. **Use of e-mail.** I consent to the use of e-mail for confidential correspondence between the I-team, members of the IEP team and me.

_____ Date: _____
Parent/Guardian signature


3. Consent to Release of Medical and/or Other Third Party Information

To assist the I-team and my child’s school educational team in planning and implementation of services for my child, I give permission to the Vermont I-Team and my child’s IEP Team/IFSP/OnePlan team to disclose educational records and information regarding my child, to the individual(s), agency(ies), or organization(s) named below, and for person(s)/organization(s) named below to disclose information and/or records regarding my child to the I-team and IEP team.

Child’s Name: _____

Name(s) of Person, Agency or Other Third Party(ies):

Parent or Guardian Signature: _____ Date: _____

I-Team Mailing Address: VT I-Team, UVM CDCI, 317 Mann Hall Attn: Valerie LeClair 208 Colchester Ave. Burlington, VT 05405	Contact Numbers: Darren McIntyre, I-Team Director: 802-656-1132 Valerie LeClair, Program Support: 802-656-7122	
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I-TEAM USE ONLY	
Request Received: ___/___/___	Parent Consent Received: ___/___/___