



THE UNIVERSITY OF VERMONT  
**CENTER ON DISABILITY &  
COMMUNITY INCLUSION**

# Vermont I-Team



## **Parent Permission Form for University of Vermont Interdisciplinary Team (I-Team) Personnel.**

### **Consent to the Release of Personally Identifiable Information**

I am the parent or legal guardian of:

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

- To request and receive consultation services from the I-Team and related UVM personnel to support planning and implementation of my child's 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. Additionally, I provide consent for the I-Team to share information with my child's education team.

I understand and consent to the following:

- I-Team services may include such services as observation of my child in educational settings (including the home, if my child is receiving IEP/504 accommodation 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.
- In connection with the provision of the I-Team services, a University of Vermont student may observe and engage in I-Team activities (including but not limited to, intake, classroom observations, trainings), under the direction of the I-Team. The student would not be responsible for any direct service provision to my child or family.
- Legal confidentiality requirements will be observed by the school and the I-Team.
- The I-Team services will continue on an ongoing basis, unless the I-Team /school

district no longer requests I-Team consultation or if I revoke consent for the I-Team services.

I understand that this consent will be in effect for up to three years and may cover multiple school years. However, I also understand that I may revoke this consent in writing at any time in the future by giving written notice to the I-Team if I no longer wish to have the I-Team consult with respect to my child's educational programming.

### **Additional Consents**

**1. Photographs and recordings for Use by Team.** I consent for 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, UVM related personnel and 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, UVM Related Personnel, my child's school educational 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 I-Team and my child's IEP Team/IFSP/OnePlan team to receive or disclose health and/or 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 from/to I-Team and the IEP team.

Child's Name: \_\_\_\_\_

Name(s) of Person, Agency, or Other Third Party(ies). Please write below. (for example: VABVI, ESP, NEC, Hireability, etc.):

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Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Language used in the home: \_\_\_\_\_

Child's Name: \_\_\_\_\_

School District/School Name: \_\_\_\_\_

**I-Team mailing address:**

I-Team  
c/o UVM Center on Disability & Community Inclusion  
317 Mann Hall  
208 Colchester Ave  
Burlington VT 05405