University of Vermont | College of Education and Social Services

Vermont I-Team
Interdisciplinary Support for Inclusion

Parent Permission/Consent 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:

_____

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.

_____ _____

Parent/Guardian signature Date:

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.

_____ _____

Parent/Guardian signature Date:

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.):

_____

_____

_____

_____ _____

Parent/Guardian Signature Date:

Additional information needed to complete the form:

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