



Consent to Videotape

Date: _____

Dear _____ **(parent/guardian),**

We request your consent for the Clinton Schools to videotape your child,

_____.

The videotaping will be utilized solely for data collection and educational purposes. The videos obtained may be viewed by teachers and other team members in order to observe your child in multiple school settings. Parents may request to review videotapes of their child through the special education case-manager.

Please check either yes or no below, sign and date and return to your child's special education case-manager. Thank you for your assistance.

_____ Yes, I give consent for my child, _____, to be videotaped at school and/or on school grounds.

_____ No, I do not give my consent for my child to be videotaped at school and/or on school grounds.

Parent Signature/Date