

2022-23 Informed Consent for Video/Audio Recording for Academic, Behavioral and Clinical Purposes

Valley Forge Educational Services (VFES) is seeking permission to video and/or audio record your child for educational purposes. Educators may use video/audio recording to model expected behaviors, and show students their progress over time. Additionally, educators use recordings to assess students' needs, ultimately leading to quality IEP goals. Educators do not use video/audio recordings to document destructive, aggressive, or unsafe behaviors.

Video and/or audio recording of a student will only be done using VFES-issued equipment.

All student video recordings and audio recordings will be destroyed at the conclusion of each school year and will not become part of the student's permanent record unless specific permission to retain is obtained from the student's parent or legal guardian. Access to the student's recording(s) will be limited to those persons who demonstrate a specific need, as determined by the Director of The Vanguard School, in conjunction with the Director of Clinical Services.

A brief explanation will be provided to your child prior to initiating an occurrence of video and/or audio recording. No occurrences of video and/or audio recording will be done without your child's assent, unless specified by you. Any and all video and/or audio recordings are solely for the use of VFES employees, and will not be released to any other entity without your consent. No risks or discomfort associated with the video and/or audio recording of your child are anticipated. Parent(s)/Legal Guardian(s) have the right to rescind their permission at any time.

Please check one box below:

- I/We grant permission** for VFES to undertake video and/or audio recording of my child for the specific purposes and/or indications described above.
- I/We DO NOT grant permission** for VFES to undertake video and/or audio recording of my child for the specific purposes and/or indications described above.

Child's Name _____

Parent/Legal Guardian Signature _____ Date _____

Parent/ Legal Guardian E-mail Address _____

Phone # _____