

Autism Model School
3020 Tremainsville Rd. Toledo, OH 43613
(419)897-4400
www.AutismModelSchool.com

**CONSENT TO PHOTOGRAPH OR VIDEO RECORD
FOR INSTRUCTIONAL PURPOSES ONLY**

Photographing or video recording can be very helpful in several situations throughout the school. For instance, documenting progress or recording behavior patterns of students. It also can be very helpful and useful in the instruction and training of new teachers/paraprofessional aides or providing detailed information when a student transfers to a new school. Please complete the form below regarding your preferences regarding photographing or video recording your child for instructional use such as the reasons listed above.

Student Name: _____

Please complete the appropriate information:

_____ **Yes**, I give my permission to photograph or video record my child for instructional purposes.

IF PERMISSION GRANTED:

By signing below, I understand that my child may be photographed or video recorded for use in information that appear as part of the educational/training programs at the Autism Model School. I grant my consent for such photographs and video recordings to be obtained during the school day and I give my permission for these photographs to be used for professional education, as a means to improve the education of students at the Autism Model School or for other instructional purposes. I understand that any photographs and video recordings obtained will not be released to the general public for any reason.

_____ **No**, I do not give my permission. Please DO NOT photograph or video record my child for instructional purposes.

Parent/Guardian Signature

Date

Parent Guardian Printed Name