

## **Parent Permission Form for CDCI CARES and related UVM 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 CDCI CARES 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 CDCI CARES Team for use during the consultation and related planning and implementation of the IEP. Additionally, I provide consent for the CDCI CARES Team and related UVM personnel to share information with my child's education team.

I understand that:

- CDCI CARES 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.
- Confidentiality requirements will be observed by the school and the CDCI CARES Team.
- The CDCI CARES Team services will continue on an ongoing basis, unless the CDCI CARES Team /school district no longer requests DHHDB consultation or if I revoke consent for the CDCI CARES Team services.
- I may revoke this consent in writing at any time in the future if I no longer wish to have the CDCI CARES Team consult with respect to my child's educational programming.

## Additional Consents

**1. Photographs and recordings for Use by Team.** I consent for CDCI CARES 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 CDCI CARES, UVM related personnel, school 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 CDCI CARES, UVM Related Personnel, 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 CDCI CARES and my child's school educational team in planning and implementation of services for my child, I give permission to the CDCI CARES and my child's IEP Team/IFSP/OnePlan team to disclose 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 to CDCI CARES, UVM Related Personnel, and IEP team.

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

Name(s) of Person, Agency, or Other Third Party(ies):

1) UVM Medical Center Deaf, Hard of Hearing, and Deafblind Educational Services Program

2) Audiologist

Other (please write in below):

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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

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

## **CDCI CARES Team mailing address:**

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

## **CDCI CARES Team contact information**

Darren McIntyre, Co-Director  
(802) 656-1132

Pam Hoover, MS, TOD, Co-Director  
(800) 770-6103 ext 225

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(802) 656-7122

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Confidential Fax: (844) 775-7283

