I am the parent of ________________________________.

I give permission for my child’s IEP team and school:

- To request and receive consultation services from the Vermont I-Team and related UVM personnel to support planning and implementation my child’s IEP and 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.

I understand that:

- I-Team services may include such services as observation of my child in educational settings (including the home, if my child is receiving IEP/IFSP/OnePlan 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 I-Team.

- The I-team services will be continue on an ongoing basis, unless the IEP team/school district no longer requests I-team consultation.

- I may revoke this consent in writing at any time in the future if I no longer wish to have the I-team consult with respect to my child’s IEP and/or educational programming.

Signature of Parent/Guardian: ________________________________ Date: __________

Print Parent/Guardian Name: ________________________________

Language used in the home: ________________________________

Child’s Name: ________________________________

School District/School Name: ________________________________

(over)
Additional Consents

1. **Photographs and recordings for Use by Team.** I consent for the 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 members and IEP and 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 I-team, 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 the I-team and my child’s school educational team in planning and implementation of services for my child, I give permission to the Vermont I-Team 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 the I-team and IEP team.

Child’s Name: ____________________________________________________________
Name(s) of Person, Agency or Other Third Party(ies):
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Parent or Guardian Signature: ___________________________ Date: ________________

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<tr>
<th>I-Team Mailing Address:</th>
<th>Contact Numbers:</th>
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I-TEAM USE ONLY

Request Received: _____/____/____  Parent Consent Received: _____/____/____