# Statewide Autism Resources and Training Project (START)

# Parent / Guardian Permission Form

Support through Coaching Project

I give permission and approve the release of educational information about my child to be used in this START Coaching Project. I understand that my child’s personal information will be discussed at meetings and training sessions for educational purposes only. I understand that pictures and videos will be released to START and will only be used to the extent that they assist in training and in learning about ASD. I understand that the use of student information, pictures and/or videos released to START may be used in PowerPoint presentations and other materials prepared to train educators; however, no personal identification other than my child’s first name will be connected to my child’s photographs or videos. I understand that, upon request, I can review and approve any pictures or videos before they are used for training purposes.

By signing below, I agree to the above information. Should any concerns or issues arise related to this release of information, photographs, and videos, I understand that I may contact my school district or the START office at any time. I also understand that I may revoke this permission and release of photographs and videos by contacting the START office at 616-331-6480 or through mail at START, 401 W. Fulton, Grand Rapids, MI 49504.

This release of confidential information remains in effect from the date signed below unless rescinded by the parent/guardian.

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian name) give permission and agree to allow my child,**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate as a target student in this coaching project.**

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Child name (please print) Date of Birth

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School District School Building

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Parent(s)/Guardian Signature Date