



## Department of Special Education

### Augmentative & Alternative Communication in Early Intervention Project Parent Photo/Video Release Form

As part of this project, we will be taking pictures (photos and videotape recordings) of your child participating in the project. We would like you to indicate what uses of these images you consent to, by putting your initials next to the uses you agree to, and signing the form at the end. This choice is completely up to you. We will only use the images in ways that you allow. In any use of the photos and tapes, your child will not be identified by name. However, there is a risk that viewers may recognize your child since we will not be blurring his or her face.

1. \_\_\_\_\_ The photos and videotapes can be viewed only me, my family and by the project team for use in this project. The photos and tapes will be destroyed after the project is completed.
  
2. \_\_\_\_\_ The photos and videotapes can be viewed and shared with program staff where my child attends early intervention, preschool, early education or day care.
  
2. \_\_\_\_\_ The photos and videotapes can be shown at professional conferences or meetings for instructional purposes only.
  
3. \_\_\_\_\_ The photos and videotapes can be shown in special education courses at SFSU.

I have read the above descriptions and give my consent for the use of the videotapes as indicated by my initials above.

Name \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)