

## Center for Best Practices in Early Childhood Consent Form

I, \_\_\_\_\_, the parent/guardian of  
\_\_\_\_\_ agree to allow my child to participate  
in a technology assessment and follow-up activities.

I give permission for West Central Illinois Special Education Cooperative staff to provide the Center for Best Practices in Early Childhood personnel with the following information (please check those which are agreeable to you):

\_\_\_\_\_ Child assessment data which includes therapy evaluation reports and medical reports. Information is used to plan the assessment.

\_\_\_\_\_ Pertinent facts from my child's comprehensive school file to ensure consistent educational planning using the computer as a tool.

\_\_\_\_\_ Photographs, videotapes, films, or audio recordings of my child.

I am aware that the photos or videotapes taken during the assessment may be used for demonstration and training purposes, on the Center for Best Practices in Early Childhood's web site, or for local and national press releases. I am also aware that visitors may observe my child during the assessment. I understand that a code number will be used in place of my child's name. I have the option of withdrawing my permission at any time by written notice.

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
School/agency representative

Please return form to:  
Linda Robinson, Assistant Director  
Center for Best Practices in Early Childhood  
27 Horrabin Hall  
Macomb, IL 61455