



FAMILY PERMISSION FOR TECHNICAL ASSISTANCE

The Minnesota DeafBlind Project consultants have my permission to contact me directly concerning my child who is deafblind and regarding mailings, parent workshops, regional meetings, and other communications of general interest to parents and/or advocates. AND, I give my permission for the below named person/school to release information via phone, mail, email or fax to the Minnesota DeafBlind Project regarding my child's vision, hearing and/or education plan. I understand this information is necessary for registration, will remain confidential, and is requested in order to determine eligibility for deafblind technical assistance/consultation services. I also understand there will be **no charge** for this consultation. Information and ideas from the Minnesota DeafBlind Project are meant to provide input for the student, NOT to replace the student's IEP/IFSP.

I give permission for _____'s education team to consult with members of the
Child's Name
Minnesota DeafBlind Project Team regarding his/her education program at _____.
Name of School

Minnesota DeafBlind Project Consultants have my permission to access my child's education file and may share information on my child with each other to provide assistance. Video taping of my child in the school/home setting is permitted for the technical assistance process.

My signature on this page denotes acceptance of responsibilities as outlined on page 1 of this form.

Parent/Guardian Signature: _____ **Date:** _____

FAMILY INFORMATION

Child's Name: _____	DOB: _____
Parent/Guardian 1: _____	Parent/Guardian 2: _____
Address: _____	Address: _____
City: _____ ST: _____ Zip: _____	City: _____ ST: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

1. My child's strengths and skills are: _____

2. My priorities for my child this year are: _____

