

Release Form  
Audiotape, Photographs, Videotape or Film

Name of Person Enrolled in Training: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Family Address (Street, City, State, Zip): \_\_\_\_\_

Family Telephone #: \_\_\_\_\_

**Description of Audiotape, Photography, Videotape or Film**

*A videotape example of the child and family carrying out a typical family routine or family activity, at home or in a community setting OR an example of an IFSP meeting OR a video recording of a family EI home visit.*

I hereby agree and consent to be audiotaped, photographed, videotaped or filmed in my home or a location of my choosing in the community (e.g., someone else's house, park, playground, library, child care setting) as part of an assignment that \_\_\_\_\_ is completing in order to meet Pennsylvania Department of Welfare requirements for working within early intervention.

I have been told that these recorded materials will be used for educational, monitoring, or regulatory purposes and that I will be provided with a copy of the tape to keep. A second copy of the tape will be viewed and retained by the Philadelphia Teaching and Learning Collaborative (TLC) and may be shared with program analysts in Intellectual disAbility Services. I permit TLC to use this tape in future training activities in the education of early intervention professionals. TLC will do their best not to associate the name of provider/parent/child with these materials. The videotape already may identify participants by name. However, TLC will not provide any identifying information about participants that is not already in existence on the videotape.

I waive all claims for any compensation for this agreement herein. I have been told that I will receive a copy of this release form.

**Parents:**

\_\_\_\_\_

Printed name of Child

\_\_\_\_\_

Signature of Parent/Next of Kin/Child's Surrogate

\_\_\_\_\_

Date

If you do not give permission for TLC to use the tape for future training opportunities, please check here: ☐

**Persons Enrolled in Training:**

\_\_\_\_\_

Signature of Person Enrolled in Training

\_\_\_\_\_

Date

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