

Student Name: _____

Multi-Use Permission Form
_____ **School Year**

Dear Parent/Guardian,

To avoid the inconvenience of repeated requests for routine permission forms, all required permissions for this school year have been combined on this two-page form. Please indicate **yes** or **no** in each category listed and sign on the reverse side in the designated area.

Parents will be notified in advance of any scheduled community trips. Due to the nature of unscheduled community-based instruction trips, we are sometimes unable to inform parents of this unexpected opportunity in advance. Thank you for your assistance and cooperation. If you have any questions regarding the items listed, please contact the school office.

COMMUNITY BASED INSTRUCTION

The purpose of this program is to promote the generalization of skills learned in the classroom to real-life community settings. Students participate in instructional activities occurring outside of the school in a community setting.

My child has permission to participate in the community based instruction program with transportation being provided by Special School District or Bi-State. Some trips may involve walking to nearby locations. I understand that at times I will be asked to provide a nominal fee to cover the cost of certain trips.

YES () NO ()

UNSCHEDULED COMMUNITY TRIPS

I understand that my child's class may occasionally have the opportunity to participate in a community activity not previously scheduled. I give my permission for my child to go on community based instruction trips other than his/her pre-designated and scheduled times.

YES () NO ()

PERMISSION TO PHOTOGRAPH FOR SCHOOL USE ONLY

I give permission for the staff of the school to photograph my child for use in classroom activities/instruction and for in-school recognition such as student of the week, etc. and for the annual yearbook. These photographs will not be used outside of the school setting.

YES () NO ()

PERMISSION TO PHOTOGRAPH AND/OR RECORD

I give my permission for Special School District to photograph and/or record my child. I agree that this photograph or voice recording may be used in publications, slides, videotapes, motion pictures and area newspapers. I understand that the resulting photographs, stills, slides, video tapes, motion pictures and audio tapes may be published for the purpose of instruction or informing staff, students, parents or general public of school programs or events. I also give my permission form my name and/or that of the above named student to be published with the above listed photographs or recordings.

YES () NO ()

VIEWING OF MOVIES

I give permission form my child to view a PG and PG-13 rated movies under adult supervision. Movies will only be shown as an instructional strategy and as part of the curriculum.

YES () NO ()

TOUCH DOGS

TOUCH DOGS (Therapy of Unique Canine Helpers) visit the school regularly. The students have the opportunity to pet and interact with the TOUCH dogs. Benefits of having a TOUCH dog visit may include: the stimulation of voluntary physical activity, increased social cooperation and high activity levels.

ALLERGIC TO DOGS YES () NO ()

AUTHORIZATION TO SHARE/RELEASE INFORMATION WITH THE DIVISION OF VOCATIONAL REHABILITATION, DEPARTMENT OF MENTAL HEALTH- REGIONAL CENTER, SOCIAL SECURITY ADMINISTRATION AND OTHER ADULT SERVICE PROVIDERS (For students 14 and older)

I/We authorize the Special School District to release Psychological Evaluations and IEP reports to the Division of Vocational Rehabilitation, Department of Mental Health-Regional Center, Social Security Administration, other adult service providers and their representatives. This includes discussing and providing related information with staff needed to make eligibility and placement determinations and inviting counselors/case managers to IEP meetings. In addition to evaluation and IEP reports, a variety of educational and work related information will be shared for the purposes of employment training and planning for adult life.

YES () NO ()

AUTHORIZATION TO SHARE/RELEASE INFROMATION FOR TRAINING/PLANNING/EMPLOYMENT PURPOSES (For students 14 and older)

I/We authorize the Special School District staff to share information for training, planning, or employment purposes. I understand that staff will be providing information about the student to work staff at the training site and/or prospective employers. The information to be released will be work-related or academic in nature and may include information contained in the student's IEP. This may also include obtaining/sharing Job/Training Progress Reports and Attendance Reports when applicable to job placement and/or training. SSD staff may also invite site personnel to IEP meetings to discuss work-related information.

YES () NO ()

Parent/Guardian Signature

Date

Student Signature (if over 18 and own guardian)

Date