

Henry-Stark Counties Special Education District #801

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PERMISSION FOR VIDEO RECORDING : AUTISM SCREENING OBSERVATIONAL ASSESSMENT

The Henry-Stark Counties Special Education District (**HSCSED**) Autism Spectrum Disorder Assessment Team (**HSCSED/ASDAT**) may record portions of assessments for purposes related to professional supervision and cooperative improvement of assessment administration and programming development. The assessment team may also submit video samples of their evaluations for review by professional peers within HSCSED, and by private third-party specialists contracted through HSCSED. These videos may be kept in an electronic database privately maintained by HSCSED.

- Videos may be viewed only by HSCSED personnel, private third-party specialists, and the parent/guardian of the student identified.
- Videos (whole or in part) will not be posted to social media, the Internet, or a file sharing service other than an electronic database privately maintained by HSCSED.
- The parent/guardian may have signed a video permission slip with the child's school at the start of the school year. This form asks you to confirm that you give specific permission for the HSCSED/ASDAT to record the upcoming evaluation of your child and permit the aforementioned review and file maintenance.
- The parent/guardian can inspect, copy, challenge the video and contents, and/or limit their consent to just certain portions of the video (Illinois School Student Records Act, Sections 5 and 7).

Student's Name

Date of Birth

School District/ Building

I have read the information about video recording of the autism spectrum disorder observational assessment and agree to the following: (Please check the appropriate box below)

I DO give permission for my child to be included in video recordings and subsequent review and file storage made by the HSCSED/ASDAT. I understand that my child's full name and any other personally identifiable information about my child will only appear on any of the submitted materials if they are being used for assessment.

I DO NOT give permission for my child to be included in video recordings and subsequent review and file storage made by the HSCSED/ASDAT.

Signature of Parent or Legal Guardian of Student

Name (print)

Date: _____