

SOONERSTART EARLY INTERVENTION PROGRAM
Consent to Obtain Audio Recordings for Professional Development



Parent Name(s)

Address

Child's Name

DOB

SoonerStart recognizes that ongoing professional development is necessary to maintain the skills of our highly qualified early intervention professionals. We believe that professional development activities such as mentoring, coaching, monitoring and self-assessment of staff are most effective when based on real-life interactions with children and families in the SoonerStart program. With your consent, we would like to complete an audio recording of your family and child interacting with SoonerStart staff at your child's:

- _____ Intake and Resource Assessment
- _____ Eligibility Evaluation
- _____ Family Assessment/Individualized Family Service Plan meeting
- _____ Transition Initiation and Planning meeting
- _____ Early Intervention Service Visit

- I give consent to the SoonerStart Early Intervention program to complete an audio recording of the event indicated above on (Date)_____.
- I understand that the audio recording of my child, myself and any family members present will be obtained on an encrypted device and is considered personally identifiable information (PII) that is maintained in a confidential manner per IDEA, Part C regulations.
- I understand that the audio recording cannot be released outside of the SoonerStart program without my express written consent.
- I understand that the audio recording is not considered part of my child's SoonerStart record and will not be stored or maintained on any device after it is utilized for professional development purposes.
- I understand that this consent is for a single occurrence and may be revoked at any time before the audio recording.

I have read and understand the items above. By signing below I give permission for the SoonerStart Early Intervention program to obtain an audio recording of myself, my child and family members present. My refusal to sign this consent does not affect my ability to obtain Early Intervention Services.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date