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## Permission to Videotape

I give the New York Deaf-Blind Collaborative permission to videotape or use videos of my child for one or more of the follow reasons:

Check the ones(s) for which you give your permission.

\_\_\_\_\_ To be used by the project for the training of professionals and families, on different topics in the area of deaf-blindness in an electronic format, such as Power Point materials, that is accessible only to those families and professionals that the project staff gives specific permission to.

\_\_\_\_\_ To use videos in a publicly accessible manner, such as in online learning modules to raise awareness of deaf-blindness in general or about specific topics in deaf-blindness.

\_\_\_\_\_ To use the video recording as a tool for analyzing the instruction and education that my child receives with the purpose of giving my child's teacher and educational staff feedback to improve their interactions with and instruction of my child. I understand that this videotape will be used in a closed setting with supervised use by NYDBC project staff.

Child's Name:	
Parent/Guardian Name:	
Address:	
Phone:	
Email:	

  X    
Signature

\_\_\_\_\_  
Date