

Permission to Videotape, Photograph and Use Home Visit Information for Program Evaluation

Yes No I, _____, give permission to Early Head Start to videotape my family and me. I understand that the videos will be used jointly to discuss and plan interaction goals for my family and me.

Yes No I give permission for the use of this video in staff training and development.

Yes No The video will be part of my program file until I am no longer participating in the Early Head Start program. At that time all copies of the video will be given to me.

Yes No I give my permission to Early Head Start to take photographs of my family on home visits and socialization events (copies will be provided to me).

Yes No I give Early Head Start permission to use my family photographs for written communication and publicity purposes (family newsletters, office bulletin board, brochures, etc.)

Yes No I give Early Head Start permission to use my family photographs for the Reach Dane website

Yes No I understand that I am under no obligation to be videotaped or photographed and do not need to give my permission. This decision will not affect my participation in the program or services provided to my family and me.

Yes No I understand that I may revoke my consent at any time, and that this consent will automatically expire when I am no longer participating in the Early Head Start program.

Participant's Signature

Date

Staff's Signature

Date