

tiny-k Early Intervention  
Douglas County

**Permission to Audiotape or Videotape**

I **do OR do not** give consent to have a tiny-k Staff Member audiotape or videotape home visits with me and/or my family, or others caring for my child \_\_\_\_\_. I understand the tape is for the purposes of learning and reflection by the tiny-k staff members, and that a few outside professionals (technical assistance team) will be reading transcripts written by the staff member. No other person or persons will hear or see these recordings or transcripts, and the audiotape and transcripts will not be used for any other purposes. I understand that I can change my mind at any time and ask the tiny-k staff member not to tape any particular home visit.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

**Permission to Photograph**

I **do OR do not** give my consent for a tiny-k Staff Member to photograph my child \_\_\_\_\_. I understand these photographs will be used to help measure change of a physical nature within my child, or may be used for publicity efforts for tiny-k. No names shall be used in any publication. I understand that I can withdraw my permission to have tiny-k photograph or use pictures they have taken at any time.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent