KANSAS DEAF-BLIND PROJECT

PARENTAL CONSENT FORM

I give consent for my child's school/district to release information about my child to the Kansas Deaf-Blind Project. I also agree to allow consultants from the Kansas Deaf-Blind Project to observe my child in person or online and to provide technical assistance to the school team if requested by the school team.

- ☐ Yes
- ☐ No

I give consent for the KS Deaf-Blind Project to submit my child's name and information to the Helen Keller National Center for additional services.

- ☐ Yes
- ☐ No

I give consent for the KS Deaf-Blind Project to submit my child's name and information to Families Together for additional resources and services.

- ☐ Yes
- ☐ No

I give consent for the KS Deaf-Blind Project to release information about my child to the KS State School for the Blind and KS School for the Deaf.

- ☐ Yes
- ☐ No

Parent Signature: _____ Date:_____