



Distance Learning & Intervention Services Agreement

I, _____, am the parent/guardian of _____ (student name), who wishes to participate in distance learning opportunities offered in/by the Washtenaw Intermediate School District (WISD or District). The WISD will take every measure to keep student personal information confidential and maintain educational records as required by FERPA and other applicable state and federal laws during distance learning and intervention service delivery. Protected information will never be forwarded to a third party without your written request and agreement.

Due to the special nature of distance learning activities, I understand:

- It **IS** necessary for my son/daughter/ward/self to be photographed, videotaped, and or recorded as part of the remote classroom or other activity related to the IEP.
- The students' voice and image may be transmitted/viewed by instructors, students, and other persons at remote locations who are involved in the distance learning activity at remote locations.
- I should take steps to safeguard the student's information on any device accessing the connection and limit what is in the video view.
- Information in the view or on the device I use may be breached if the student does not protect their privacy during remote interactions.
- Communications can be intercepted, circulated, and forwarded if the student does not safeguard the information.

By signing your consent for services, you agree to hold harmless WISD and its employees against losses and damages arising from technical failure. Therefore giving permission for WISD personnel or designated service providers to photograph, videotape, and or record the above named student during the remainder of the 2019-2020 school year for purposes of

- distance learning activities
- distance intervention services (such as Occupational Therapy, Physical Therapy, Speech Language Pathology, Social Work, and Psychology)

You may withdraw your permission at any time. A request to withdraw your permission must be signed and submitted in writing to the attention of Cherie Vannatter, Assistant Superintendent Achievement and Student Services through fax at (734) 913 - 5957 or via mail at the address below:

1819 S. Wagner Rd
Ann Arbor, Michigan 48106

Parent / Guardian / Self Signature

Date

For Office Use Only:

Date Received: _____ Initials: _____
Entered in PS Filed in CEO