

Documentation Release

One of the Child Development Laboratory's functions is to document children's learning experiences. Families and teachers use documentation to design a program that meets the individual needs of the children. Additionally, as an educational center, the CDL uses documentation to enhance HSU student learning and to present appropriate, quality educational practices to the public. Documentation may be collected and may consist of such things as photographs, quotes, stories, audio and video recordings, charts, class storyboards, memory books, and classroom albums. These collections may be shared with families at various times during their enrollment. With this in mind, we would like you to consider your family's participation in this process.

Please indicate below your family's preferences with your initials in each of the following areas.

1. Classroom Use

I do give permission for photographs, audio and video recordings of my child to be taken by the current CDL staff for CDL purposes which may include but not be limited to family orientations, classroom displays, parent-teacher conferences, and Child Development classes. I understand that children's names will not be printed with pictures unless specific permission is obtained in advance.

I do not give permission for classroom use and therefore wish to withdraw my application.

2. University Use

I do give permission for photographs, audio and video recordings of my child to be taken by the current CDL staff and university employees for university purposes which may include but not be limited to family socials, community displays, open house exhibits, web-based presentations, university publications or instructional materials, and professional conferences.

I give permission to use my child's first name with his/her work and/or photograph.

Please, do not use my child's name with any work or photographs displayed in public.

I do not give permission for photographs, audio and video recordings of my child to be taken by the current CDL staff or university employees for university purposes as described above.

3. Family Use

I do give my permission for photographs of my child to be taken by and shared with currently enrolled parents for only personal/family use.

I do not give my permission for photographs of my child to be taken by and shared with currently enrolled parents for only personal/family use.

4. Personal Responsibility

Additionally, I understand that I must have prior authorization from the Head Teacher before I take any pictures of the children from any location (including but not limited to the classroom and the observation booth).

I give permission for my child, _____, to participate in the documentation process at the Child Development Laboratory as specified above. And I agree to honor the choices of other families regarding documentation.

Signature of Adult Responsible for Child: _____

Date: _____

Signature of Adult Responsible for Child: _____

Date: _____