



Focus Student Permission Form

Student Name (DOB): _____ Parent/Guardian: _____

RCN: _____ ISD / District: _____

District Contact Name / Email or Phone: _____

The Statewide Autism Resources and Training (START) Project is a statewide training and professional development grant awarded to Grand Valley State University by the Michigan Department of Education, Office of Special Education, to improve outcomes for students with Autism Spectrum Disorder (ASD). START has established a number of projects to improve outcomes for students with ASD.

START seeks to gather data and information for the purpose of demonstrating, evaluating, and/or documenting the use of or participation in an evidence-based practice or educational strategy. The practice or strategy will be designed to improve social, academic and/or behavior outcomes for students with ASD. For these students, permission is needed to take and use pictures and/or video, and to share information and data with others involved in the project and in educational publications.

I, _____, agree to allow members of the above-listed school district, including my child's teacher, to work with my child as a START focus student for the current school year. This will include collecting baseline data, implementing interventions to improve academic, social, and behavioral growth, and collecting follow-up data. I also agree to allow the team members to share the data collected with the staff at the START Project. The data collected by the START Project staff will be summarized and no identifying names or information will be shared.

By signing below, I agree to the above release of information. Should any concerns arise throughout the year, I understand that I may contact my child's teacher or principal or a START staff member.

This release of confidential information remains in effect for the current school year.

Parent(s)/Guardian(s) Signature

Date