



mstark@sd61.bc.ca

250-595-2088

## **Inclusion Outreach Consent**

Birthdate (dd/mmm/yyyy):	Grade:	Ministry Designation:
School:		
aged children with complex support r transdisciplinary team including teac	needs across British Co hers, occupational the ed consultation to sch	ry of Education and Child Care to support school umbia. Inclusion Outreach consists of a rapists, physiotherapists, and speech-language ool districts in British Columbia. Occupational and gh Island Health.
school personnel and in-person visits and educators already in place. Inclus work with others including parents, so care providers (including those hired outreach programs (e.g., SET-BC, POP inclusion at school. For example, a test	to their school. Inclusi sion Outreach team me chool staff, family phys by the family), and sta PDB, PRCVI) who may a am member may inter	upport to your child through consultation with on Outreach collaborates with service providers mbers might share information, consult and icians, and other hospitals, agencies and health if with other Ministry of Education and Child Care so be involved in supporting your child's view parents and teachers and gather information in various other agencies and health care
A visit might also involve taking photo equipment set up for the sake of prov presentation at educational conferen consultants may facilitate a PATH (Pla	ographs or video foota viding education and fo ces and meetings. If re anning Alternative Tom	rk directly with your child and the school team. ge of classroom activities, environments or llow-up to the school team, and for quested and agreed upon before the visit, orrows with Hope) session during their visit. eam/family to address identified needs.
•		r the in-person consult. For detailed descriptions o tants, please refer to inclusionoutreach.ca or reach
your child to provide the services des	cribed above. Inclusion	t, use and share information about you and/or Outreach collects, uses, and shares personal rmation and Protection of Privacy Act.
Parent/Guardian Name:	Parent/	Guardian Signature:
Phone Number:	Email:	Date:

## Student Website Consent

With your consent a password protected personal website will be developed for your child as a repository for information relevant to your child's education.

Student websites are developed in collaboration with Open School BC (OSBC), Services and Technology Division, BC Ministry of Education. Each of our student-specific, password protected websites is essentially a course about that student and information is stored on secure Canadian servers located at the Ministry. OSBC has undergone a Privacy Impact Assessment (PIA) to ensure it conforms to the Freedom of Information and Protection of Privacy Act of BC. Further information about Inclusion Outreach can be found our website at www.inclusionoutreach.ca. Inclusion Outreach and the school district are seeking your consent to collect, use and disclose photographs, videos, and images, including student publications and/or artwork and/or names of students, for education-related purposes, and to exchange information with necessary contacts regarding your child. Examples of personal information that may be collected include: • Personal information such as name, birth date and school name. • Information regarding the student's educational program. • Photos and videos of the student. • The student's medical information.

If you have any questions about this consent or about the collection of student personal information, you may contact the Inclusion Outreach Program Coordinator.

is enrolled in the above noted school.

A. \_\_\_\_\_ I GIVE MY CONSENT for Inclusion Outreach and the school to utilize a personal student website to collect, use, and share my child's personal information for purposes consistent with the above. This consent may be withdrawn at any

Please complete A OR B (but not both A and B); Upon acceptance into the Inclusion Outreach Program and while my child

B. \_\_\_\_\_ I DO NOT CONSENT for Inclusion Outreach, the school or school district to utilize a personal student website to collect, use, and share my child's personal information for purposes consistent with the above.

Parent/Guardian Name:		Parent/Guardian Signature:	
Phone Number:	Email:		Date:

You may withdraw your consent at any time by contacting Inclusion Outreach or your child's school.

Personal information contained in this form is collected under s. 26 of the *Freedom of Information and Protection of Privacy Act* for the purpose of providing specialist consultant services by Inclusion Outreach. If you have any questions about the collection and use of this information please contact Inclusion Outreach at 1031 Lucas Avenue, Victoria, BC V8X 5L2 or call 250-595-2088

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time.

