FTF Behavioral CONSULTING

Improving Outcomes through Research-Based Innovations

Video Consent

Video capture allows us to provide higher quality training to the personnel who work with your child. Therefore, we ask you to consider consenting to following:

(Check all to which you consent)

☐ I consent to the use of video teleconferencing technology to allow _____(company) personnel and FTF Consultants to observe my child's assessment process from a separate location (e.g., a separate room so as not to crowd the assessment/treatment room).

☐ I consent to the video recording of my child's assessment and treatment sessions and the sharing of those videos with FTF Consultants through a secure web-based sharing platform (Dropbox for Business), for the purpose of allowing FTF Consultants to provide my child's service providers precise, individualized feedback based on their and my child's performance.

Videos also allow us to provide higher quality training to other professionals providing care to other children facing similar challenges as your child. We are always looking for video clips to use in our trainings to illustrate various parts of the assessment and treatment process. No identifying information is shared, and pseudonyms are always used to refer to children. If you would be willing to allow us to use clips of your child in our training presentations, please check all to which you consent:

☐ I consent to the use of video clips from my child's assessment and treatment sessions in training presentations by FTF Consultants. Video clips remain in the possession of FTF Consultants at all times (i.e., they are shown during presentations but not distributed or posted online) and are saved under password protection.

☐ I consent to the use of video clips from my child's assessment and treatment sessions in web-based professional development (continuing education) presentations. Pre-recorded presentations, including video clips, are posted online for registered professionals to view (they are not available for download).

_____ _____ _____

Parent/Guardian Signature Printed Name Date

_____

Child's Name