

PERMISSION TO PHOTOGRAPH

InterAct; Theatre and Therapy Lab will be photographing some activities to share with the families of the children that are participating in the workshop. I give permission for my child, _____ to be photographed during the InterAct: Theatre and Therapy Lab workshop to share with all the participant's families.

Parent / Legal Guardian Signature

Parent / Legal Guardian Printed Name

Date

PERMISSION TO VIDEO RECORD

InterAct; Theatre and Therapy Lab will be video recording some activities to share with the families of the children that are participating in the workshop. I give permission for my child, _____ to be video recorded during the InterAct: Theatre and Therapy Lab workshop to share with all the participant's families.

Parent / Legal Guardian Signature

Parent / Legal Guardian Printed Name

Date

PERMISSION TO SHARE ON SOCIAL MEDIA

InterAct; Theatre and Therapy Lab would like to share video recordings and photographs of some of the activities that the children are participating at the workshop over social media (Twitter, Facebook, Instagram). I give permission for photographs and/or video recordings taken of my child, _____ during the InterAct: Theatre and Therapy Lab workshop to be shared over social media (Twitter, Facebook, Instagram).

Parent / Legal Guardian Signature

Parent / Legal Guardian Printed Name

Date

PERMISSION TO COLLECT DATA

Data collection may occur during this workshop for the purpose of sharing (with you) your child's progress within the program.

I give permission to InterAct: Theatre and Therapy Lab workshop to document my child's (_____) progress throughout the program.

Parent / Legal Guardian Signature

Parent / Legal Guardian Printed Name

Date

PERMISSION TO USE DATA FOR RESEARCH PURPOSES

Data collection during this workshop may be used for future research purposes. This research will be performed and applied by Heather Boerner and Gianna Cioffi for educational and research purposes to advance the field of Speech-Language Pathology and Theatre Education. We are interested in researching how these theatre activities will improve speech, language, articulation, social skills and reading comprehension skills of each participant.

I give permission to InterAct: Theatre and Therapy Lab workshop to use data collected of my child's (_____) experience during the program for research purposes.

Parent / Legal Guardian Signature

Parent / Legal Guardian Printed Name

Date