**S.E.a.T.S.S Permission Form**



Dear Parent/Carer

Please ensure you have read all of these points and have signed below.

**S.E.a.T.S.S work with a child/ student**

During our work with a child/ young person, we may complete a variety of different activities including virtual sessions.

**Please read below our terms and conditions:**

A member/s of SEaTSS staff may complete some or all of these:

* Visit the school /setting
* Observe / work directly with your child
* Work with your child in Class or outside the Classroom if the assessment requires it
* During Covid times, we may offer virtual sessions online. We ask either school staff or a Parent/Carer at home to be present during these, and on occasion we may record the sessions, with your permission.
* All recordings will be available on request and will be saved on a secure drive for an agreed amount of time. Parents/Carers can request access to the videos at any time.
* Take photos of your child during the assessment, and they may be added to the final report.
* The personal information we gather is only used by us to help your child at school and at home. It will only be shared with you, the school and directly with relevant professionals. We use the information gathered to write reports, complete assessments, make recommendations for the school and home. The information is stored on a secure internal database.

By default, we retain it until your child is 25 years old. You may request a copy of all information we retain at any time and ask for it to be deleted or amended.

* Obtain medical information (where relevant), talk to key members of staff to ascertain a full picture
* I agree to share hospital information (If required)
* I understand as my Child moves through Education, their needs or the focus of support may change, and they may receive support from additional members of the SEaTSS Team.

*Name of Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*