



## Skill Building for Transition Participation Consent Form



Youth's Name:

I give permission for \_\_\_\_\_ to participate in the Skill Building for Transition service provided in partnership by the East Central Educational Service Center (ECOESC) and Belmont County Board of Developmental Disabilities (BCBDD). The Skill Building for Transition service will be provided by a Transition Specialist and will include helping students build skills through targeted activities listed in the youth's IEP, including everyday life, social and employment skills. This service will take place off school grounds.

**1. Off School Campus Activities**

☐ Yes ☐ No

- a) As a family member or guardian of the youth, I give permission for this youth to leave the school campus and learn new skills at various businesses in the Ohio Valley Area.
- b) As a family member or guardian of the youth, I give permission for this youth to leave the school campus and learn new skills at the Stenger Road Apartment in Belmont, Ohio. This is a private apartment affiliated with BCBDD. These skills may include shopping, cooking, cleaning and laundry.

**2. Transportation**

☐ Yes ☐ No

- a) As a family member or guardian of the youth, I give permission for this youth to receive transportation from the BCBDD.

**3. Release of Information**

☐ Yes ☐ No

- a) As a family member or guardian of the youth, I give permission to the school district to release the IEP, ETR, Emergency Medical Form, Behavior Support Plan (if applicable) and Health Care Plan (if applicable) to the ECOESC and BCBDD.

**4. Sharing of Services**

☐ Yes ☐ No

- a) As a family member and/or guardian of the youth, I give permission for this youth to share skill building services with other youth.

**5. Sharing of Information**

☐ Yes ☐ No

- a) As a family member or guardian of the youth, I understand that this is a collaborative program and will include sharing of information between the ECOESC, BCBDD and the local school district.

**6. Photo Release**

☐ Yes ☐ No

- a) As a family member or guardian of the youth, I give permission to take a picture of this youth's participation while involved in skill building services and also grant permission to ECOESC, BCBDD and school district to use the photograph in printed and/or electronic forms in the organization's publications including social media.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date