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**Observation Consent Form**

Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child (ren):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose:** In order to plan for the best possible program for you and your child, your home visitor will receive observation of their skills in practice.

**Authorization:** I understand that information about my family obtained during these observations will be kept confidential.

By initialing, I give permission for an EHS Coach to **observe** an in-person home visit within my home.

By initialing, I give authorization, for home visits to be **video recorded** and to be used for Child Family Specialist observation reflection. I understand that this is optional and that any recordings made will be deleted upon my request.

By initialing, I give permission for this home visit **recording** to be saved for **training purposes** and give permission for NMCAA EHS Staff to review video.

This authorization shall remain in effect until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**(Not to exceed two years from the signature**

**date, or upon exit of the program.)**

**Consent is voluntary and may be revoked by the undersigned at any time. Revocation is not retroactive and therefore does not apply to an action that occurred before the consent was revoked**

**Signature Authorization:** My signature means I have read this and/or have had it read to me in language I can understand.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

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Signature of Staff Date