



## 2018 SUMMER WORKSHOP VIDEO TAPING & RESEARCH DATA PERMISSION

### PERMISSION TO VIDEO TAPE

InterAct; Theatre and Therapy Lab will be videotaping some activities to share with the families of the children that are participating in the workshop.

I give permission for my child, \_\_\_\_\_ to be videotaped during the InterAct: Theatre and Therapy Lab workshop to share with all the participant's families.

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**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.

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**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.

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**Parent / Legal Guardian Signature**

**Parent / Legal Guardian Printed Name**

**Date**