



PARENTAL CONSENT FOR USE OF TECHNOLOGY

STUDENT NAME	SCHOOL BUILDING	DATE
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TECHNOLOGY USAGE INFORMATION

Technology has become an essential part of education. To be able to live, learn and work successfully in our information-rich society, students must be able to utilize technology effectively. Many students' lives today are filled with technology that gives them access to information and resources enabling them to pursue their interests in their own way and at their own pace. The opportunities are limitless, borderless and instantaneous. The use of electronic devices is a privilege, and we expect the students to use their devices in appropriate ways that are relevant to the current classroom activity and that are in compliance with school rules governing the acceptable use of technology. Technology use in Missouri State Board Operated Programs are governed by federal and state laws including:

- [Children's Online Privacy Protection Act \(COPPA\)](#)
- [Child Internet Protection Act \(CIPA\)](#)
- [Individuals Disabilities Education Act \(IDEA\)](#)
- [Family Educational Rights and Privacy Act \(FERPA\)](#)
- [Section 407.1500, RSMo](#)
- [Section 537.525, RSMo](#)

VIRTUAL CLASSROOM PLATFORM INFORMATION

Missouri Schools for the Severely Disabled (MSSD) will utilize the Google Classroom platform for distance learning for students, teachers, staff, parents and other professionals during self-isolation and social distancing periods that we abide by during a pandemic or other natural disasters. While MSSD feels there is no real substitution for face-to-face instruction and interaction, we will continue working with your student and are grateful for the ease of this platform. As with anything we do at MSSD, we believe a strong partnership with families is essential to a successful experience in distance learning. Using Google Classroom will allow us to stay in touch and provide instruction and interaction with our students.

MEDICAL DEVICES INFORMATION

The iPad, a handheld computer with a touch screen, is an assistive device being used in MSSD. The iPad is a great learning device for students, but there may be a slight risk for those who have certain medical devices. For students who have a Vagal Nerve Stimulator (VNS), programmable shunt or pacemaker, the iPad may affect these medical devices if it is held less than six inches away from the student. If held too close, the iPad may cause the medical device to lose the preset program, causing the need for reprogramming the medical device.

TECHNOLOGY USAGE CONSENT

I understand that this form will be effective for the duration of the 2020-21 school year unless revoked or changed by the district or parent/guardian. Check the item(s) below you agree to abide by.

- I understand that no obscene, racist or derogatory language will be used on Google Classroom.
- I understand accessing, viewing or disseminating information using district resources, including email or Internet access that is pornographic, obscene, includes child pornography, is harmful to minors, obscene to minors, libelous, pervasively indecent, or vulgar is prohibited.
- I understand all electronic files sent, received, viewed or stored anywhere on the mobile device are available for review by any authorized MSSD staff member.
- I understand electronic resources provided for home access are for the exclusive use of MSSD students and staff.
- I understand I will not enter my own personal Apple ID on any MSSD's mobile device.

VIRTUAL CLASSROOM PLATFORM CONSENT

Check the item below you agree to abide by.

- Yes, I give permission for my child to participate in an online classroom at home and while at school. The current online classroom for MSSD will be Google Classroom, but could change. I understand there may be individuals in the household who will be in the background of the meeting.
- No, I do not give permission for my child to participate in an online classroom and my child will receive and complete education through packets provided by the teacher.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email <mailto:civilrights@dese.mo.gov>.

MEDICAL DEVICES

Check the appropriate items below

My child has the following medical device(s):

Vagal Nerve Stimulator Shunt Pacemaker

I give approval for my child to use an iPad with direct staff supervision in order to maintain the iPad at least six inches away from the above checked medical device(s).

I do not give approval for my child to use an iPad due to concerns about deprogramming the medical device(s).

My child does not have any of the above mentioned medical devices and is permitted to work with an iPad.

STUDENT RESPONSIBILITIES AND PERMISSION

I agree to take care of the device while it is in my possession. I will not throw, drop or damage it in any way. I will not give the device to another person for his/her use. I will use the device in the appropriate manner. I agree to return the device in good condition at the conclusion of the loan period.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN RESPONSIBILITIES AND PERMISSION

I am authorizing the assignment of a mobile device to my child. I understand that the device is to be used as a tool for learning and that my child will comply with MSSD guidelines. I will help ensure the safe and timely return of the device at the conclusion of the loan period. I also understand that I am financially responsible for any willful, malicious or accidental damage to the device. I understand that my child may lose future loan privileges of the device if it is either damaged or not returned in a timely manner.

PARENT NAME

EMAIL ADDRESS

PARENT SIGNATURE

DATE

PARENT NAME

EMAIL ADDRESS

PARENT SIGNATURE

DATE