



The Oregon DeafBlind Project

at COLUMBIA REGIONAL INCLUSIVE SERVICES
833 NE 74th Avenue, Portland OR. 97213
503.916.5570

Oregon Deafblind Annual Census Parent Consent

I hereby authorize _____ to share my child's personally identifiable information with the Oregon DeafBlind Project (ODBP). ODBP is a federal grant to provide technical assistance for youth 0-21 who are DeafBlind in the state of Oregon. The ODBP reports information to the National Registry of Persons Who are DeafBlind whose goal is, "to provide basic information about people with combined vision and hearing loss in the United States. This information is to be used as a census of persons who are DeafBlind, as a planning tool and for research purposes." The information needed includes Name, Date of birth, school district, grade, placement, visual/auditory function, and IDEA qualification.

This information will be reported to the Oregon Deafblind Project and the National Center for DeafBlindness for the Annual Census.

I, _____ certify that I am the parent/guardian
Printed name of parent/guardian

of _____ whose date of birth is _____.
Full name of student

I understand that this release will remain in effect for 6 years from the date of signing unless I revoke it in writing. I further understand that I can revoke this release at any time by sending an email to ddaniels@pps.net or mail to: The Oregon DeafBlind Project at Columbia Regional Inclusive Services at 833 NE 74th Ave Portland, OR 97214.

Parent/Guardian Signature

Date

[Oregon DeafBlind Project Website](#)

Project Director – Dr. Lisa McConachie, lmconac@pps.net

Teacher on Special Assignment, Coordinator – Darlene Daniels, ddaniels@pps.net