



THE COTTONWOOD SCHOOL
— OF CIVICS AND SCIENCE —

September 4, 2020

Dear Parent/Guardian,

This 2020-2021 school year with its distance-learning means that teachers will be teaching your student(s) through the use of technology, such as Zoom. In addition, we will be offering 1 on 1 support for your student(s) by our teachers and counselors. Finally, to allow students the opportunity to socialize, we are offering students the opportunity to meet together over lunch in small groups with supervision by adult volunteers who will be trained for this purpose.

We will be recording by video and audio the classes so that if a student misses a class, this student can watch and listen to the class at a later date. This means, however, that your child/children when attending class will be seen and heard in the recording unless you inform us otherwise on the attached consent form. This recording is considered an “educational record” protected by the Family Educational Rights and Privacy Act (FERPA).

Our plan is to delete and discard these videos after 30-60 days. The school will not use these recordings for any reason other than offering it to other students in the class, unless we are legally obligated to do otherwise. We ask any parent and student that accesses the recording to not share the recording to anyone so as to protect the privacy of other students.

Because we can't guarantee the privacy of your child/children, either because of others in the home observing the classes or someone sharing the recording, we ask for your consent to recording your children by Zoom (or other technology) during classes. Please also remember that you can always choose to not use video and mute the microphone of your child within the Zoom platform if you do not want your child/children to be seen or heard.

We also want to be certain you consent to your child/children having 1 on 1 meetings with teachers and counselors and participating in the lunch groups through Zoom.

Please let us know of your decisions by completing the attached Consent Form. You can return it by mail or email to amandamcadoo@thecottonwoodschool.org. You may withdraw or revise your Consent at any time by informing us in writing.

If you have questions, please contact us.

Amanda McAdoo

Street Address

0640 SW Bancroft Street
Portland, Oregon 97239-3716

Mailing Address

P.O. Box 19816
Portland, Oregon 97280

Website: www.thecottonwoodschool.org
Phone (503) 244-1697 - Fax (503) 244-1709



THE COTTONWOOD SCHOOL
— OF CIVICS AND SCIENCE —
CONSENT FORM

Consent to Disclosure of Information by Video and Audio Recording Protected by the Family Educational Rights and Privacy Act and to Electronic Classes and Meetings for The Cottonwood School of Civics and Science.

Student Name(s): _____

I am the parent/legal guardian of the child/children named above. I have read and understand the description of the ways in which my child/children will be video and audio recorded and how 1 on 1 meetings with teachers and counselors and lunch groups will be conducted through Zoom or other technology.

1. Video-Audio Recording

_____ **(initial)** I DO give permission for the Cottonwood School to include my child/children’s image and voice on video-audio recordings of classes for the purpose of allowing other students in the class (and potentially their family) to watch and listen for classroom purposes.

OR

_____ **(initial)** I DO NOT give permission for the Cottonwood School to include my child/children’s image and voice on video-audio recordings of classes for the purpose of allowing other students in the class (and potentially their family) to watch and listen for classroom purposes.

2. 1 on 1 Meeting

_____ **(initial)** I DO give permission for my student to participate in 1 on 1 meetings with a teacher and counselor through the use of Zoom or other technology. I understand that if I want to be present, I will make this arrangement with the teacher and counselor.

OR

_____ **(initial)** I DO NOT give permission for my student to participate in 1 on 1 meetings with a teacher and counselor through the use of Zoom or other technology.

3. Small Group Lunch

_____ **(initial)** I DO give permission for my student to participate in lunch meetings supervised by a trained adult volunteer by Zoom or other technology.

OR

_____ **(initial)** I DO NOT give permission for my student to participate in lunch meetings supervised by a trained adult volunteer by Zoom or other technology.

4. Mandatory for Receiving A Recording

_____ **(initial)** I agree to NOT share any recording with anyone other than my student(s). I agree to NOT record any classes or meetings where other students are present.

Signature of Parent/Guardian _____

Date: _____

Consent may be revised by written contact with the school.

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