Dear Parents and Guardians,

The purpose of this letter is to inform you that the organization your child is receiving Birth to 3 services from is partnering with Vision Forward Association to collect information about each child it serves related to the child’s visual impairment or eye conditions. The information is collected through a survey presented to you in interview form. Survey information becomes part of the Babies Count National Registry, a national database that collects epidemiologic and demographic information on infants and toddlers between the ages of birth and 36 months who are blind or visually impaired.

Your child’s information will be kept confidential. Your child’s name will not be included, but other potentially Personally Identifiable student Information (PII), including date of birth, place of residence, and ethnicity, are included in the registry. Each state’s data is accessed only by the appointed state lead, Babies Count personnel, as well designated researchers who will aggregate unidentifiable national data regularly.

All PII collected for this registry is confidential and will be protected from unauthorized access or use. Your child’s PII will not be shared with any other entities or for any other purpose, unless permitted by state or federal law.

The Babies Count survey is completed under the supervision of each state’s representative. Your written consent is requested in order to include this information in the Babies Count National Registry. You and your service provider will complete the survey together, and you will have the right to provide or not provide the answer to any question. You also have the right to relinquish your consent to include your child’s information in the registry at any time.

Information from this database has been used to make policy and budget decisions, to expand programs, to drive medical and educational research, and to track the changing face of blindness of children in our country today. For people who provide services to children like yours, registry information will inform what kinds of trainings and supports they need to increase their professional skills. In short, over time, the Babies Count national registry will lead to improved services to future infants and toddlers as well as children as they age.

If you have questions or concerns regarding your child’s inclusion in the Babies Count Registry, please contact your child’s service provider. Further information about Babies Count can be found at [www.babiescount.org](http://www.babiescount.org).

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| **Vision Forward Association**  **Consent to Release Student Information** |  |

In order to include my child’s information in the Babies Count national registry, I hereby authorize my Birth to 3 Program agency and Vision Forward Association to share my child’s personally identifiable information as follows: Date of Birth, Zip Code of the child’s residence, and Ethnicity with the Babies Count national registry of infants and toddlers with visual impairments.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), certify that I am the parent(s)/guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s full name), whose date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s complete date of birth). I understand that this release will remain in effect unless I revoke it in writing. I further understand that I can revoke this release at any time by sending an email to my child’s service provider.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent Signature Date