



## Parent Agreement for TOTS Access via Internet

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ TOTS ID#: \_\_\_\_\_

1. I am requesting to review my child's information on the TOTS website and agree to abide by the TOTS Parent Portal Acceptable Use and Safety Policy.
2. I understand that having this web-access to my child's early intervention record does not diminish my rights of access to the record provided by the Individuals with Disabilities Education Act, Part C.
3. I understand in the interest of security, First Steps reserves the right to change user passwords or deny access at any time.
4. By signing this agreement, I release the Department of Public Health, lead agency for First Steps, from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.
5. I agree that I will not share my password or allow anyone other than myself to use the account, including my child/children. I understand that multiple logons for my child's electronic record will not be provided.
6. I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.
7. I understand that three unsuccessful logins disables my account. To re-establish access, I will need to create a new password. If I can't remember the username I created, I will need to contact my child's service coordinator.
8. I understand that this parent access will be deactivated when my child exits First Steps.
9. I have checked that the computer I will be using to access the internet site to view my child's information meets or exceeds the minimum requirements and agree that First Steps is not responsible for assisting with technical difficulties on my home computer.

<b>Parent/Guardian Name</b>	
<b>Address of Residence</b>	
<b>Email Address</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of First Steps Representative: \_\_\_\_\_ Date: \_\_\_\_\_

