PATHWAYPIXEL

GAMING WITH PURPOSE, EMPOWERING NEURODIVERSE JOURNEYS

# Consent Form for Sharing Session Summaries or Progress Reports

**PathWayPixel – Gaming and Mentoring for Neurodiverse Individuals**

## Introduction

At PathWayPixel, we aim to foster transparency and collaboration by sharing session summaries and progress reports when appropriate. This form outlines how these reports may be shared, who can access them, and seeks your consent for this practice.

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## Purpose of Sharing

Session summaries and progress reports may be shared for the following reasons:

1. **Parental/Guardian Involvement**: To keep parents or guardians informed about the participant's progress.
2. **Support Coordination**: To collaborate with other professionals or services (e.g., educators, therapists) supporting the participant's development.
3. **Goal Tracking**: To monitor and document achievements, challenges, and areas for future focus.

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## Information Shared

The reports may include:

- Skills worked on during sessions.
- Observed progress or challenges.
- Recommendations for further development.

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## Data Protection and Privacy

- **Secure Handling**: Reports will only be shared with authorized individuals or organizations.

- **Confidentiality**: All shared reports will comply with GDPR and PathWayPixel's Data Protection Policy.
- **Storage Duration**: Reports are retained securely for [specify time, e.g., 12 months] and then deleted, unless required for legal or safeguarding purposes.

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## Your Rights

You have the right to:

- **Access**: View or request copies of session summaries or progress reports.
- **Revoke Consent**: Withdraw consent for sharing reports by notifying us in writing.

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## Consent Confirmation

By signing this form, you confirm:

1. You understand the purpose and scope of sharing session summaries or progress reports.
2. You consent to the sharing of this information with authorized individuals or organizations as outlined above.
3. You acknowledge that PathWayPixel will handle all data securely and in compliance with GDPR.

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## Optional Consent

I consent to sharing reports with educators or therapists supporting the participant.

I consent to sharing anonymized progress data for research or program improvement.

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## Consent Details

**Participant Name**: _____
**Parent/Guardian Name** (if applicable): _____
**Email**: _____

I consent to the sharing of session summaries or progress reports as outlined above.

**Participant Signature**: _____
**Date**: _____

**Parent/Guardian Signature** (if applicable): _____
**Date**: _____

**Contact Us**

For questions or concerns, please contact us at:
**Email**: thisispathwaypixel@gmail.com