

New York State Alternate Assessment (NYSAA)

INFORMED CONSENT FOR INCIDENTAL PHOTOGRAPHING AND VIDEO/AUDIO TAPE RECORDING OF CLASSROOM PEERS

To Parents/Family/Guardians:

Your child's teacher will be administering the New York State Alternate Assessment (NYSAA) to students in your child's classroom this year. We request your consent to have your child appear in photographs, video tapes and/or audio tapes in a limited way.

NYSAA requires teachers to collect student work and/or evidence of a student performing an assessment task through observation sheets, photographs, video tapes, or audio tapes. It may be necessary for your child's teacher to record the voice or image of the student who is being assessed during classroom activities with other students in the room. Therefore, there may be limited occasions when your child might appear in photographs, video tapes, or audio tapes that would be included in other student datafolios. Please note that your child would not be identified by name.

Your signature below gives your permission for your child's teacher to take photographs, video or audiotapes that may include your child in an indirect (incidental) manner for the purposes of developing other student datafolios.

STUDENT'S NAME: _____

SCHOOL NAME: _____

TEACHER'S NAME: _____

I, (Parent/Family/Guardian's name) _____, grant permission for _____ (Teacher's name) to take photographs, video tapes and/or audio tapes of my son/daughter. I understand that my child's voice or visual image may appear in a limited way in another student's NYSAA datafolio but he/she will not be identified by name.

Parent/Family/Guardian's signature

Date (within the administration period)

NOTE: This form must be signed and kept on file by the school district. It should not be submitted in the datafolio.