

New York State Alternate Assessment (NYSAA)	PEERS
Informed Consent for Incidental Photographing and Video/Audiotape 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, videotapes and/or audiotapes 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, videotapes, or audiotapes. 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, videotapes, or audiotapes that would be included in another student's datafolio. 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 another student's datafolio.

STUDENT'S NAME: _____

SCHOOL NAME: _____

TEACHER'S NAME: _____

I, (Parent/Family/Guardian's name) _____, grant

permission for _____ (Teacher's name) to take photographs, videotapes and/or audiotapes 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.