

New York State Alternate Assessment (NYSAA)

**INFORMED CONSENT FOR
PHOTOGRAPHING, VIDEO/AUDIO TAPE RECORDING**

To the Parent/Family/Guardian of: _____
(Student's name)

Your child is currently participating in the New York State Alternate Assessment (NYSAA).

During this process, your child's teacher may find it necessary to record how your son or daughter performs the assessment tasks by taking photographs, video tapes, or audio tapes.

Your signed permission below will allow these records to be used as part of the assessment. Any reproduction of your child's assessment records for training purposes by the State Education Department will require that all identifying information be removed.

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 as necessary for his/her NYSA datafolio.

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.