

STUDENT RELEASE FORM

Introduction

Ohio teachers begin their careers with four-year resident educator licenses, and they must complete all four years of the Resident Educator Program and successfully pass the Resident Educator Summative Assessment (RESA) in order to advance to a five-year professional educator license. The assessment calls for Resident Educators (REs) to demonstrate their ability to design and implement instruction that engages students in complex thinking and in using formative assessment to inform their teaching practices. As part of this assessment, your child's teacher will be recording him or herself at work with your child's class, as well as recording the children at work with each other and individually.

Privacy

The recordings are intended for educational and professional development use. They will be viewed by members of Ohio's Resident Educator Program, other educator training and professional development programs and their various partners and collaborators, using the Internet and other media. The recordings will not be disclosed to or viewed by anyone else unless such disclosure is permissible under the Family Educational Privacy Rights Act (FERPA) and other applicable laws.

Agreement

I give my permission to _____ (name of school/district), and those authorized by it, to videotape, photograph, and record in any medium my child's appearance, voice, and school work in the classroom, online, and on school grounds for use by or in connection with the Ohio Resident Educator Program, the Ohio Resident Educator Summative Assessment (RESA), other training and professional development programs or offerings for educators, and their partners and collaborators.

I grant to _____ (name of school/district), and those authorized by it, the rights to use and display my child's likeness in recordings for purposes associated with the Ohio Resident Educator Program, the Ohio Resident Educator Summative Assessment (RESA), and other training and professional development programs or offerings for educators, and their partners and collaborators. The video may also be used by test developers under secured conditions for program development and implementation, including scorer training, and to support continued program improvement activities such as future validity and reliability studies.

I understand that _____ (name of school/district) or others authorized by this release will edit the footage to illustrate specific teaching and/or content issues, and I release and will hold harmless _____ (name of school/district), its officers, employees, and agents and others authorized by this release from all claims, demands, and liability of any kind stemming from the distribution of these teacher professional development and related programs. I agree that I have no ownership interest in the recordings discussed above, or in any of the programs produced from these recordings.

I do not grant permission for my child to be recorded, filmed, photographed. Please initial here: _____

I do grant permission for my child to be recorded, filmed, or photographed. Please initial here: _____

Student's Name

Teacher/School

Parent/Guardian's

Name Parent/Guardian's

Signature Date