

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

Parent/Guardian's Name

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 medium my child's appearance, voice, and school work in the classroom, online,
videotape, photograph, and record in any	medium my child's appearance, voice, and school work in the classroom, online,
	nnection with the Ohio Resident Educator Program, the Ohio Resident Educator
	raining 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 dings for purposes associated with the Ohio Resident Educator Program, the
and display my child's likeness in reco	dings for purposes associated with the Ohio Resident Educator Program, the
	essment (RESA), and other training and professional development programs or
	and collaborators. The video may also be used by test developers under secured
	d implementation, including scorer training, and to support continued program
improvement activities such as future va	idity and reliability studies.
I understand that	(name of school/district) or others authorized by this release specific teaching and/or content issues, and I release and will hold
harmless	(name of school/district), its officers, employees, and agents and others
	as, demands, and liability of any kind stemming from the distribution of these
	elated programs. I agree that I have no ownership interest in the recordings
discussed above, or in any of the program	as produced from these recordings.
I do not grant permission for my child t	o 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 Signature

Date