

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	
and on school grounds for use by or in connect	(name of school/district), and those authorized by it, to am my child's appearance, voice, and school work in the classroom, online, ion with the Ohio Resident Educator Program, the Ohio Resident Educator g and professional development programs or offerings for educators, and
and display my child's likeness in recordings Ohio Resident Educator Summative Assessment offerings for educators, and their partners and of	(name of school/district), and those authorized by it, the rights to use a for purposes associated with the Ohio Resident Educator Program, the ent (RESA), and other training and professional development programs or collaborators. The video may also be used by test developers under secured lementation, including scorer training, and to support continued program and reliability studies.
harmlessauthorized by this release from all claims, de	(name of school/district) or others authorized by this release fic teaching and/or content issues, and I release and will hold (name of school/district), its officers, employees, and agents and others mands, and liability of any kind stemming from the distribution of these I programs. I agree that I have no ownership interest in the recordings oduced from these recordings.
I do not grant permission for my child to be r	ecorded, filmed, photographed. Please initial here:
I do grant permission for my child to be recon	rded, filmed, or photographed. Please initial here:
Student's Name Teach	her/School

Parent/Guardian's Signature

Date