

**AMARILLO INDEPENDENT SCHOOL DISTRICT  
SPECIAL EDUCATION DEPARTMENT**

**AMARILLO, TEXAS**

**Informed Consent -- Videotape and/or Photographs**

Student \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_ Social Security Number \_\_\_\_\_

Senate Bill 1 of the Texas Education Code (Section 26.009) requires that written permission be obtained from the child's parent when an employee of the school district wishes to make a videotape of a child or record the child's voice unless it is for the purpose of safety, a purpose related to a cocurricular, or extracurricular, activity or a purpose related to regular classroom instruction.

The Amarillo Independent School District Special Education Department is involved in various programs for students with disabilities. The success that we have had with some of our methods and strategies can be shared with other professionals for implementation in their settings.

Please sign below indicating that you are aware that videotapes and/or pictures will be taken of your child during assessment or activities for the sharing of information with other professionals. This particular information is being developed for workshops and conference presentations. Your cooperation is appreciated.

Your signature indicates understanding that videotapes, photographs, and recordings may be gathered for information and assessment purposes and gives your permission for the above named student to be photographed, videotaped, or recorded.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Interpreter, if used

\_\_\_\_\_  
Date

Permission form will be retained in eligibility folder.