

**AMARILLO INDEPENDENT SCHOOL DISTRICT  
SPECIAL EDUCATION DEPARTMENT**

**AMARILLO, TEXAS**

**Informed Consent -- Videotape and/or Photographs  
for Statewide Assessment**

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

School \_\_\_\_\_ Grade \_\_\_\_\_

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.

Please sign below indicating that you are aware that videotapes and/or pictures will be taken of your child for state wide assessment purposes and may be submitted to the Texas Education Agency as documentation of your child's progress.

Your signature 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.