



## Parent Permission Form

My child (name) \_\_\_\_\_ may participate in the Developing Alternate Assessment Technical Adequacy (DAATA) Project. I understand that my child may be videotaped. My child's videotapes, IEP, work samples, alternate assessments, and reading performances will be kept confidential. I understand that participation in this project will not have any effect on his/her grades or progress in school.

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_ County: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please return this form to your child's teacher.**