Consent for Student Teacher Videotaping

I, _____, am a student teacher from _____ and currently serving in _____ classroom at _____ School. I am requesting permission to videotape your child's classroom. The purpose of videotaping is to give me an opportunity to receive feedback from my school to improve my teaching skills.

I will videotape the classroom on a camcorder. Students will not be asked to do anything outside of daily routine classroom activities. It is possible that during the videotaping, your child may be recorded or his or her name may be said by the teacher or another student. As a result, I seek your permission to have your child recorded for the strict purpose of assessing my teaching abilities. The video will be shared only with my professor and mentor teacher. I will not distribute the videos and will demonstrate the utmost professionalism and caution in all instances of recording, viewing, and sharing the video. The video will be deleted immediately after use.

Please know that your child has the option to not be videotaped at any time. Participation in the videotaping is strictly voluntary and will have no impact on your child's grades or program placement. If you have any questions, please feel free to contact me at _____. Thank you for your support.

Student Name: _____

School: _____

Please Select the Option Below:

_____ I consent to (my child/me) being videotaped as described above.

_____ I do not consent to (my child's/my) participation in being videotaped. To accommodate this request, I am aware that (my child/I)may have (his or her/my name) or image edited out of the video during this project. I am aware that my failure to consent will not affect grades or program placement.

_____

Signature of Parent or Guardian or Student if age18 or over Date