



To: Parents & Guardians

Topic: Student Release Form – Virtual Field Experience and Lesson Videotaping

From: _____ Teacher Preparation Program Candidate

_____ Institution

_____ Cooperating/ Mentor Teacher _____ School

_____ Building Principal, _____ School

Date: _____

I am a candidate in an initial teacher preparation program and am occasionally required to videotape lessons, small group and large group instruction, and in some instances, individual student instruction.

Due to the need for virtual instruction in some schools and districts, I will be required to make short video recordings of my teaching in your child's class. Although the video recordings involve both me and various students, the primary focus is upon my instruction not on the students in the class. In the course of taping, your child may appear on the video recordings. The videotaped lesson will be used for me to reflect on my teaching practice as part of my program completion and will be loaded in a secure, password-protected electronic course management system. Also, I may submit samples of student work as evidence of my teaching practice, and that work may include some of your child's work. No student's name will appear on any materials that are submitted.

Faculty, cooperating teachers, and/or teacher candidates associated with the program at the University of West Georgia may see my video and student work samples. These materials will be viewed only under secure, password-protected conditions, never posted on publicly accessible websites, and will never reveal identities of children, schools or districts.

This form continues on the next page and will be used to document your permission for your child's participation in these activities.

Thank you for supporting my work as a pre-service teaching candidate.

Sincerely,

Signature of the UWG Teaching Candidate (Student)

Date: ____ / ____ / ____

Student Permission Slip
Teacher Certification Assessment Tasks
Please Complete and Return to your Child's Teacher on or before _____

Student Name:	Student's Date of Birth:
Street Address:	School:
City/State/Zip Code:	Teacher:

I am the parent/legal guardian of the child named above. I have received and read your letter regarding a teacher assessment being conducted by _____ (Institution), and agree to the following:
(Please initial either the I DO or the I DO NOT box below.) My child will not be penalized if I choose "I DO NOT give permission."

	I DO give permission to include my child's image on video recordings as he or she participates in class conducted at _____ School by _____ (Institution) and/or to reproduce materials that my child my completed as part of classroom activities. No student names will appear on any materials submitted by the student teacher.
	I DO NOT give permission to video record my child or to reproduce materials that my child may produce as part of classroom activities.

Parent/Guardian Signature:	Date:
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Permission Slip for Students More Than 18 Years of Age

I am the student named above and am more than 18 years of age. I have read and understand the project description given above. I understand that my performance is not being evaluated by this project and that my last name will not appear on any materials that may be submitted.
(Please initial either the I DO or the I DO NOT box below.) I will not be penalized if I choose "I DO NOT give permission."

	I DO give permission to you to include my image on video recordings as I participate in this class and/or reproduce materials that I may produce as part of classroom activities.
	I DO NOT give permission to video record me or to reproduce materials that I may produce as part of classroom activities.

Student Signature:	Date:
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