

Dear Parent/Legal Guardian,

As a teacher candidate at Augusta University, I am participating in a teaching field experience. As part of this experience I am required by my university to video record several of my teaching activities, record audio, and/or take still images of students to document the learning activities in which I participate. The purpose of these recordings and still images is to help me, my mentor teachers, and my university instructor assess my ability to effectively teach content, manage a classroom, and communicate with students. Although the recordings and images might include both the teacher and students, the primary focus is on my instruction. In the course of recording your child, his/her first name, voice or image might be present. Again, the primary purpose is for me to reflect on my teaching practice. The video recording, audio recording, and/or still images will be loaded in a secure, password-protected electronic course management system. I may submit samples of student work as evidence of my teaching practice, and that may include some of your child's work. No student's name will appear on any materials that are submitted.

Only personnel with legitimate educational interests (such as my university course instructor and my mentor teacher [your child's teacher], and my university supervisor) will view and/or listen to these recordings and/or still images. All personal or educational information regarding any child will remain confidential. These materials will be viewed only under secure and/or password-protected conditions, never posted on publically 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. I appreciate your cooperation with my efforts to become an effective teacher. If you have a question regarding this letter, please contact your child's classroom teacher.

Sincerely,

Augusta University Teacher Candidate Signature

Classroom Teacher Signature



Student Permission Slip
Please Complete and Return to your Child’s Teacher on or before _____

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|-----------------|----------------|
| Student’s Name: | Parent’s Name: |
|-----------------|----------------|

I am the parent/legal guardian of the child named above. I have received and read your letter regarding Classroom Video Recording, Audio Recording, and Picture Permission. I understand that my child will not be penalized if I choose “I DO NOT give permission.”
*(Please **initial** either the ‘I DO’ or the ‘I DO NOT’ box below before **signing** in the designated space.)*

| | |
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| | I DO give permission to include my child’s image on video recordings, audio recordings, and/or still images as he or she participates in class conducted at _____ School by Augusta University’s teacher candidate and/or to reproduce materials that my child completed as part of classroom activities. No student names will appear on any materials submitted by the student teacher. |
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| | I DO NOT give permission to video record, audio record, or take still images of my child or to reproduce materials that my child may produce as part of classroom activities. |
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| Parent/Guardian Signature: | Date: |
|----------------------------|-------|

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. I understand that I will not be penalized if I choose “I DO NOT give permission.”
*(Please **initial** either the ‘I DO’ or the ‘I DO NOT’ box below before **signing** in the designated space.)*

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| | I DO give permission to you to include my image on video recordings, audio recordings, and/or still images as I participate in this class and/or reproduce materials that I may produce as part of classroom activities. |
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| | I DO NOT give permission to video record, audio record, or take still images of me or to reproduce materials that I may produce as part of classroom activities. |
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| Student Signature: | Date: |
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