Video Recording Release Form

Dear Parent/Guardian,

As your child's classroom teacher, I am enrolled in a master's degree program in Effective Teaching that is designed for current teachers who want to see direct results from their course work in improved instruction and better student results. A requirement of the program is to capture classroom video for evidence so both my professor and I can evaluate my instruction. As a result, your child's image and voice may be captured in the recording.

My teaching practice is the focus of this video assessment. At certain points during the program, I will be asked to record classroom activities and examples of my teaching. The video will be shared with, and evaluated by my classroom professor and peers, and they will provide feedback for my continuous improvement. As a result, your child may be a participant in the recording. A number of steps are in place to insure confidentiality. The video will be uploaded to a secure site that is password protected, only to be shared with my professor and peers in my class at Lesley University. Once uploaded, the video cannot be downloaded. The sole purpose of the recording is to look for areas of improvement and to strengthen *my* teaching so I can put the knowledge gained in the program to work in ways that directly benefit my students' learning.

Your approval is needed in order for your child to be in any of the video recordings. By signing this form below, you will grant or deny your child's involvement in this project.

Sincerely,

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Student Name _____

School/Teacher_____

I am the parent or legal guardian of the student named above. I have read and understand that you will be recording video in the classroom at certain times during the school year and that my child's image and audio may be captured in the video. I agree to the following:

☐I **DO** consent for my child's image and audio to be captured by you in your classroom and used for the reasons explained above.

☐I **DO NOT** consent for my child's image and audio to be captured by you in your classroom and used for the reasons explained above.

_____ _____

Signature of Parent/Legal Guardian Date

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Print name of Parent/Legal Guardian