Course Prefix and Number _____________________________

Dear Parent / Guardian:

I am enrolled in a teacher preparation program at Armstrong State University. This semester I am required to create a video of me teaching.

This assignment will include short video recordings of lessons taught in your child’s class as well as samples of student work. With your permission, your child may appear on the video recordings. If you choose not to give your permission, then your child will still participate in the classroom instruction. She / He will just be seated out of camera range. Also, I will submit anonymous samples of student work as evidence of effective teaching and that work may, with your permission, include some of your child’s work.

The video recordings will be used solely for purposes of evaluating my instruction and for improving teacher preparation programs. 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.

Thank you for your support.

Sincerely,

_______________________________
Teacher Candidate Signature
## Release form for student participation

<table>
<thead>
<tr>
<th>Student Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher:</td>
</tr>
</tbody>
</table>

I am the parent/legal guardian of the child named above. I have received and read your letter regarding course prefix and number ________________.

( Please check the appropriate line below)

| I DO give permission for my child to appear on video recordings and my child’s class work to be used in course prefix and number ________________.
I understand that my child’s name and any other personally identifiable information about my child will not appear on any of the submitted materials. | I DO NOT give permission for my child to appear on video recordings and my child’s class work to be used in course prefix and number ________________ and understand that my child will be seated outside of the recorded activities. |

| 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 received and read your letter regarding a teacher assessment. ( Please check the appropriate line below)

| 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: |