



Video Recording Permission Form

To: Parent /Guardians

Re: Permission to record lessons and submit work samples

From: _____ Student teacher in Cumberland County Schools

Date : _____

Dear Parent/Guardian,

I am a student teacher currently enrolled in a university Education Preparation Program and am student teaching in a school in the Cumberland county Public School System. As a requirement for North Carolina Licensure, I must complete multiple assessments to measure my performance as a teacher candidate. My performance will be measured by either edTPA or PPAT, both assessment companies used by North Carolina universities as part of the teacher licensure process.

Part of the assessment involves recording synchronous lessons with students, interaction with me and interacting with other students, either using virtual, face-to-face, or hybrid teaching. Through your child's image and voice may be captured in video recordings that will be submitted electronically to the assessment company or viewed by my university supervisors, the primary focus of the assessment is my teaching and my interaction with the students. In addition, as part of the process, your child's work may be submitted as part of the assessment. My submissions will include my written commentary, instructional material and assessments I use, and most importantly the rationale behind why I taught the lessons the way I did and the effectiveness of my lessons.

Confidentiality will be maintained throughout the assessment process and no student last names will be used, nor will any part of the assessment be made public or distributed to third parties.

I am requesting your permission to include your child's image, audio or video of your child captured during the video recording of the lesson and /or student work samples as part of my assessment for licensure purposes and evaluation of my teaching skills by university supervisors.

Please complete the form below to grant or deny your permission to allow me to include your child in this process.



Student Release Form

Student's Name:
School Name:
Cooperating Teacher's Name:
Student Teacher's Name:

I am the parent/legal guardian of the child named above. I have read the memo and understand the request and I agree to the following:

Please initial in either of the boxes below

	I DO give permission to include my child's image on vide recordings during remote, face-to-face, and/or hybrid instruction and to include my child's work samples as part of the student teacher assessment.
	I DO NOT give permission to record my child's image or submit any of my child's work samples as part of this assessment. I understand that my child will still be allowed to participate in all instruction.

Parent/Guardian Signature

Date

Permission for Students age 18 and older

I am the student named above. I have read the memo and understand the request, and I agree to the following. **Please initial in either of the boxes below**

	I DO give permission to include my image on video recordings during remote, face-to-face, and/or hybrid instruction and include my work samples as part of the student teacher's assessment.
	I DO NOT give permission to record my image or submit any of my work samples as part of this assessment. I understand that I will still be allowed to participate in all instruction.