

Request to a Parent/Guardian: Student Release Form for Teaching Video Only

Dear Parent/Guardian/Student:

I am a teacher candidate in the School of Education at CUNY Lehman College, and I am required to videotape my teaching for faculty observations and/or to take a national teacher performance assessment exam for during my student teaching experience in order to receive New York State Teacher Certification.

The performance assessment is a series of lessons I teach in your child's classroom and includes short video recordings. Although the video recordings involve both the teacher and students; the primary focus is on my instruction, not on the students in the class. In the course of recording my teaching, your child may appear on the video. Also, I will collect 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 and materials will be kept confidential at all times. The video recordings and student work I submit will not be made public in any way.

Materials I submit will be reviewed by my program at CUNY Lehman College, and my assessment will be scored by other educators. My materials may also be examined by or on behalf of the New York State Department of Education for Teacher Candidate assessment. Please return the form attached to be used to document your permission for these activities.

Sincerely,

(Teacher Candidate Signature)

(Teacher Candidate Name Printed)

Date



Student Release Form

(to be completed either by the parents/legal guardians of minor students involved in this project, or by students who are 18 or more years of age that are involved in this project)

PERMISSION SLIP

Student Name: _____

I am the parent/legal guardian of the child named above. I have read and understand the project description given in the letter provided with this form, and agree to the following:

(Please check the appropriate box below.)

I DO give permission to you to include my child's student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of evaluation and assessment of teacher candidate performance.

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 to you to include my child's student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of evaluation and assessment of teacher candidate performance.

Signature of Parent or Guardian (can be typed in): _____ Date: _____

I am the student named above and am more than 18 years of age. I have read and understand the project description given in the letter provided with this form, and agree to the following:

I DO give permission to you to include my student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of evaluation and assessment of your performance.

I understand that my name and any other personally identifiable information about me will not appear on any of the submitted materials.

I DO NOT give permission to include my student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of evaluation and assessment of your performance.

Signature of Student (can be typed in): _____

Date: _____

Date of Birth: ____ / ____ / ____
MM DD YY