



Video/Photograph – Parent/Guardian Permission Form

Dear Parent/Guardian,

My name is _____. I am a student in Liberty University’s School of Education and I am currently serving in your child’s _____ (grade/subject) classroom with _____ (host/cooperating teacher).

As a part of one of my candidacy teaching requirements, I must video record one of the lessons I teach and would like to have permission to include your child. The video is to portray the students and me in the normal, everyday class setting. The video will be less than an hour long. I will use the video to self-critique my teaching ability and reflect upon how I can improve my instructional performance so as to benefit my students. The video would be viewed by my teaching supervisor to assess my teaching ability and to provide me with additional teaching strategies to further my professional growth. I may also submit a less than 10-minute segment of the video to the evaluators at edTPA as a part of a teaching performance assessment. Some states require passing the edTPA video assessment to be licensed to teach. I may also show the video to prospective employers as part of an interview process.

I also need to take photographs of learning in action. I am seeking your permission to have your child in such a photograph. The photographs would be used for my class assignment to demonstrate my ability to successfully deliver a lesson and might also be featured in my portfolio shown to prospective employers.

First and last names of children will not appear in videos, photographs, or reflections, but their initials may be used in assignments. No commercial or other uses will be made of these photographs and videos. If you do not give your permission, your child will not lose any instructional time because the classroom will be arranged so that the camera frame does not include your child.

Please check one of the following blanks below, sign, date and return this form:

___ I give permission for my child to appear in the above-described video and photographs.

___ I do **not** give permission for my child to appear in the above-described video or photographs. (If this form is not returned, the school will assume that permission has not been given for your child to be videotaped or photographed for the purposes described in this letter.)

PARENT/GUARDIAN’S SIGNATURE

DATE

CHILD’S NAME

Thank you,

Teacher Candidate