

Audio-Visual Recording Consent Form

To the parent(s) or guardian(s) of _____ (Name of **Child**)

From: _____ (Name of **Student Teacher**)

Dear Parent or Guardian:

I am a graduate student in a teacher preparation program at Teachers College. I work in your **Child's** class as a **Student Teacher**. I request your permission to make an audio-visual recording of your **Child's** image and voice during class instruction (the "**Recordings**") and to use these **Recordings** as well as excerpts or examples of your child's schoolwork (the "**Artifacts**") for educational and professional purposes. Although the Recordings involve both the **Student Teacher** and various students, the primary focus is on my instruction, not the children in the class. In the course of recording my teaching, your child may appear on the video. I will also collect samples of children's schoolwork as evidence of my teaching practice that may include some of your child's work.

Only a child's first name may appear on materials that I use, and all materials will be treated as confidential and used only as you authorize below. Instruction may occur remotely through secure, non-public internet access, a computer, and an on-online video conferencing platform such as GoReact, COACHED, Zoom, Google Meet, etc. In the event that you are in the background during your child's remote instruction, your image and voice may be captured as part of the Recordings.

I request your permission to use the **Recordings** and **Artifacts** for these purposes: (1) for teacher certification with the New York State Education Department which requires a Teachers College Teacher Performance Assessment ("**TC TPA**"), (2) in student teaching seminars at Teachers College, so that I can receive feedback from faculty and colleagues, and (3) for a teaching portfolio I may share with potential employers.

Please complete and return the release form below indicating your decision on each of these uses and return it with your child or send to me via email. Thank you very much for your consideration.

RELEASE

for use of recordings and school work

I am the Parent or Guardian of the child named above. I have read and understand the information above, and I authorize use of Recordings and Artifacts as follows:

☐ I **Do** / ☐ **Do Not (check one)** give permission that my image and voice may be included in the Recordings that the **Student Teacher** may submit as part of the teacher certification portfolio.

☐ I **Do** / ☐ **Do Not (check one)** give permission for my **Child's** image and voice to be recorded and used, along with Artifacts of my child's schoolwork in the **Student Teacher's** teacher certification portfolio.

☐ I **Do** / ☐ **Do Not (check one)** give permission for my **Child's** image and voice to be recorded and used, along with Artifacts of my child's schoolwork, in **Student Teacher** seminars at Teachers College.

☐ I **Do** / ☐ **Do Not (check one)** give permission for my **Child's** image and voice to be recorded and used, along with Artifacts of my child's schoolwork, in a portfolio that the **Student Teacher** may share with potential employers.

Parent/Guardian Signature: _____ Date: _____

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