

**KING'S COLLEGE EDUCATION DEPARTMENT**

**PERMISSION FOR VIDEO RECORDING FORM**

Dear Parent/ Guardian,

As part of the student teaching experience at King’s College, I am to be videotaped in one or more of my classes. The purpose of the videotape is to evaluate my teaching and the instruction given in a lesson. To fully evaluate the effectiveness of my teaching, it is necessary to videotape my interaction with the students.

I am requesting your permission to have your son/ daughter/ ward participate in the videotaping. The videotape will not identify your son/ daughter/ ward by full name, school, or personal information. The videotape will not be used for public viewing.

Please read the permission statement below. If you agree, please sign on the line and return the note to me.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classroom Teacher

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I give permission for my son/ daughter/ ward to participate in the videotaping of classroom lessons. I understand that the videotape will be used for educational purposes only and that my son’s/ daughter’s/ ward’s identity will be protected.

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s or Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_