DEPARTMENT OF INITIAL TEACHER PREPARATION SERVICES
MAIL 1500 North Patterson Street · Valdosta, Georgia 31698-0092

PHONE 229-333-5929 · FAX 229-219-1225

***Re: Permission Form for Videotaping***

Dear Parent/Guardian:

Your child's teacher has agreed to serve as a mentor for a teacher candidate from the Department of Initial Teacher Preparation Services, Valdosta State University. One of the required activities for this teacher candidate will be the videotaping of lessons, small group activities, or other student interactions in the classroom. These videotapes will be viewed by the teacher candidate and the university supervisor. The primary focus of the videotapes will be the VSU teacher candidate, not your child or other students in your child's class. No student names will appear in any written material about the videotapes. The videotapes will be used to help the teacher candidate identify strengths and weaknesses and see improvements in instruction and teaching methods.

The form below will be used to document your knowledge of this activity and to grant or deny your permission for your child to appear on the videotapes. The principal and your child’s teacher will receive a copy of this form; the university teacher candidate will keep a copy.

Should you wish to discuss this requirement you may contact your child’s teacher or the Department of Initial Teacher Preparation Services at VSU (229-333-5929).

Sincerely,

 Department of Initial Teacher Preparation Services
 Valdosta State University

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**PERMISSION FORM**

Student Name

Address

School/Teacher

I am the parent/legal guardian of the child named above. I have received and read your letter regarding the pre- service teacher in my child's classroom and agree to the following:

*(Please check the appropriate blank below.)*

 **I DO** give permission for my child to appear on videotapes for a student teaching requirement of a Valdosta

State University student. No children’s names will appear in any material written about the videotapes.

 **I DO NOT** give permission for my child to appear on the videotapes.

Signature of Parent or Guardian Date

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***Re: Permission Form for Videotaping***

PREMISO PARA FIRMAR CON CAMERA VIDEO Estimados Padres:

La Universidad Valdosta State pide su permiso para poder firmar con cámara video su hijo o hija durante las lecciones que nuestros alumnos están presentando en su práctica. Les aseguramos que los videos son solamente para el uso académico en la universidad, y se usan solamente en la evaluación del estudiante en su práctica. Presentando lecciones en las escuelas públicas es un requisito del Programa de Educación de Valdosta State. Toda información personal de los que participan de las escuelas (inclusive, los nombres, la edad, la dirección de casa, etcétera) es confidencial.

Les agradecemos su atención.

Department of Initial Teacher Preparation Services
Valdosta State University

229-333-5929

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**FORMA DE PREMISO**

Nombre de su hijo/a

Nombre del Colegio

Nombre Maestra/o de su hija/hijo\_ \_

 **Sí, doy mi permiso** firmar con cámara video mi hijo hija.

 **No doy mi permiso** firmar con cámara video a mi hijo hija.

Firma de Padre o Madre