



VALDOSTA STATE UNIVERSITY

DEWAR COLLEGE OF EDUCATION AND HUMAN SERVICES
MAIL 1500 North Patterson Street • Valdosta, Georgia 31698-0092
PHONE 229-333-5929 • FAX 229-333-7167

Re: Permission Form For Videotaping

Dear Parent/Guardian:

We are very fortunate that your child's teacher has agreed to serve as a mentor teacher for a teacher candidate from the Dewar College of Education and Human Services at Valdosta State University. Some of the learning and teaching activities the university student will be required to participate in are the videotaping of his or her lessons, small group activities, or other student interactions used for the purpose of teacher preparation. The university student will also be participating in a national assessment which requires a 3 to 5 day learning segment in which videotaping will take place. Although these videotapes will involve the university student and various students in your child's classroom, the primary focus will be upon the instruction provided by the university student and not on the students in the class. In the course of taping, your child may appear on the videotape; however, no student's name will appear on any materials that are submitted. These tapes will be used to help the university student reflect on his or her teaching practices with regard to instruction and teaching methods. They will be loaded in a secure, password-protected electronic course management system. Never posted on publicly accessible websites, and will never reveal identities of children, schools and/or districts.

The form below will be used to document your permission for your child's participation in these activities. Your child's teacher will keep a copy of this form.

Bernard Oliver, Ed.D.
Dean
College of Education and Human
Services Valdosta State University
beoliver@valdosta.edu

PERMISSION FORM

Student Name: _____

Student Date of Birth: _____

Address: _____

School/Teacher: _____

I am the parent/legal guardian of the child named above. I have received and read your letter regarding a teacher assessment being conducted by Valdosta State University, and agree to the following:

(Please check the appropriate blank below.)

 I DO give permission to include my child's image on video recordings as he or she participates in lessons taught by Valdosta State University and/or to reproduce materials that my child may complete as part of classroom activities. No student names will appear on any materials submitted by the university student.

 I DO NOT give permission to video record my child or to reproduce materials that my child may complete as part of classroom activities. *I understand my child will not be penalized if I choose "I DO NOT give permission."*

Signature of Parent or Guardian

_____ Date