

OFFICE OF EDUCATOR PREPARATION

P.O. Box 70685

Johnson City, TN 37614

Laura Click: 423-439-4200 Amanda Black-Chandler: 423-439-7597

F 423-439-7560

Date:
Dear Parent/Guardian,
am a teacher candidate from East Tennessee State University. I will be working in your child's lassroom as part of my residency requirement. I am excited to have the opportunity to apply the kills and knowledge I have learned in my coursework at ETSU in this classroom.
During this semester, I will need opportunities to record lessons with students as part of the equirements to obtain teacher licensure. These recordings will only be used to evaluate my eaching and will not be shared in any other capacity. While the video recording will involve oth the teacher and various students, the primary focus is on teacher instruction, not on the tudents in the class.
n order to complete these assignments, I need your permission to video in your child's lassroom. By signing below, you give your permission for these recordings.
incerely,
TSU Residency Candidate
tudent's Name School
Date arent Signature