

Date: _____

Dear Parent/Guardian:

I am a teacher candidate from East Tennessee State University. I will be working in your child's classroom as part of my residency requirement. I am excited to have the opportunity to apply the skills and knowledge I have learned in my coursework at ETSU in this classroom. As part of my requirements this year, I will be teaching a 3 to 5 lesson unit. The planning, instruction, assessment, and reflection of this unit will be a large part of my Teacher Candidate grade. This project requires the submission of a 15-20 minute video recording of the lessons I teach in your child's class. While the video recording will involve both the teacher and various students, the primary focus is on teacher instruction, not on the students in the class. In the course of taping, your child may appear in the video recording. This video will be used only for evaluating my teaching, and will not be shared with anyone other than the person who scores my work. I realize that this video and all other information collected is the property of the school system in which I am teaching. There will be no identification of students, student work, the school, or the school system.

In order for me to do this assignment, I need for you to fill out and return the bottom portion of this page. I sincerely appreciate your consideration of this request.

Sincerely,

(Teacher Candidate Signature)

PERMISSION SLIP

Student Name: _____

I am the parent/legal guardian of the child named above. I have received and read your letter regarding a Teacher Candidate assessment, and agree to the following (check the appropriate box below):

I DO give permission to you to include my child's image on video recordings as he or she participates in a class conducted at _____ by _____ and/or to reproduce materials that my child may produce as part of
(Name of School) (Teacher's Name)

this unit. No identifying information will appear on any materials submitted by the Teacher Candidate.

I DO NOT give permission to video record my child or to reproduce materials that my child may produce as part of classroom activities.

Signature of Parent or Guardian: _____ Date: _____