

Parent/Guardian Video Recording Permission Form

Dear Parents or Guardians,

A student teacher from Western Washington University will be working in your child's classroom (in-person or online) for part or all of this school year. During this time, each student teacher will be closely supervised and coached by the classroom teacher and by WWU faculty and staff.

We are asking for your permission to record your child's classroom or work group (in-person or virtual) as the student teacher does practice teaching. It is helpful for teachers to record lessons so they can later study their performance to identify what they did well and what might be improved. Student teachers, especially, are often recorded as they teach, and their WWU course instructors and supervisors sometimes view those videos.

We are attempting to assist teacher candidates in learning to provide direct evidence of their ability to plan and teach lessons that are effective for student learning. Evidence often includes student work samples and assessment data; it may also include video of the interns working with children.

We would like to show segments of this classroom video to other classes of interns so that they can learn from it. Small segments of classroom video may also be shown later to groups of educators at state-sponsored educational meetings or at scholarly conferences to explain how Western students are learning to teach.

The Office of Field Experience at WWU does not expect any negative effects to you or your child as a result of their collection of video during student teaching. One possible benefit is that your child may have his or her learning needs met more effectively, as student teachers receive advice from the more experienced educators viewing their recordings. An additional benefit is that your participation may help Western Washington University prepare better teachers.

At any time, you and your child may ask not to be included in any of the video recordings. In that case, we will make sure your student is seated outside of the camera's view or not included in the recordings.

If you have any questions about your participation in this videotaping, you can contact your child's teacher, principal, or the OFE Director at 360-650-3099. If you or your child experience any negative effects as a result of participation, please notify the WWU faculty members supervising student teachers or the WWU Human Protections Administrator.

Sincerely,

(Student Teacher Name – Print)

(Classroom Teacher Name – Print)

Video Recording Permission

(To be completed by the parents/legal guardians of minor students in the classroom or virtual classroom.)

Student Name: _____ School: _____

I am the parent/legal guardian of the child named above. I have read and understand the description and agree to the following:

- I DO** give permission to include my child's classroom work and/or image on video recordings as part of WWU's teacher training. I understand that the classroom or virtual classroom may be recorded and that the recording may qualify as an education record under FERPA (20 U.S.C. 1232g; 34 CFR Part 99) to the extent that it contains recorded visual or voice images of my child.
- I DO NOT** give permission to include my child's image or classroom work on video recordings as part of WWU's teacher training. I understand that my child will not be excluded from instruction but will instead have his/her camera off (for virtual lessons), or will be blurred from view, OR will be seated out of the camera's view (for in-classroom/in-person lessons).

This permission form shall remain valid for the duration of use of the video recordings by Western Washington University, as described in the introductory letter above, unless expressly revoked by me in writing.

Signature of Parent or Guardian: _____ Date: _____

Video Recording Permission for Adults over 18

(To be completed by adults in the classroom or virtual classroom, such as paraeducators, aides, or adult students who are age 18 or over, if they will be involved in video recorded lessons.)

Adult Name: _____ School: _____

I am the student named above and at least 18 years of age. I have read and understand the project description and agree to the following:

- I DO** give permission to include my image on video recordings as part of WWU's teacher training. I understand that the classroom or virtual classroom may be recorded and that the recording may qualify as an education record under FERPA (20 U.S.C. 1232g; 34 CFR Part 99) to the extent that it contains recorded visual or voice images of me.
- I DO NOT** give permission to include my image on video recordings as part of WWU's teacher training.

This permission form shall remain valid for the duration of use of the video recordings by Western Washington University, as described in the introductory letter above, unless expressly revoked by me in writing

Signature of classroom adult: _____ Date: _____

Date of Birth: _____