

Parental Consent for Student Participation in Field Experiences/Clinical Practice Activities

DATE: _____

Dear Parent/Guardian:

I am a teacher education candidate/resident in the College of Education, Department of Curriculum, and Instruction at Grambling State University, participating in observation and participation field and clinical experiences to fulfill a program and course requirement for my institution.

I will complete a number of course/program requirements that include working one-on-one with students in the classroom as well as possible video recordings of lessons I teach in your child's classroom. Although the video recordings involve the mentor teacher, myself and various students, the primary focus is on my instruction, and not on the students in the class. In the course of recording my teaching, your child may appear on the video. Also, I will collect samples of student work as evidence of my teaching practice, and the samples may include some of your child's work.

No student's name will appear on any work samples that are submitted, and materials will be kept confidential at all times. The video recordings and student work I submit will not be made public in any way. Work samples and other materials that I submit will be reviewed by my program and stored in my digital portfolio at Grambling State University.

I am writing to request your permission to include your child in the video recordings and to include your child's work in written materials that may be submitted as part of my course/program requirements.

Your signature on the form below will be used to document your permission for the activities stated above. Please contact me or my mentor teacher, _____, if you have any questions.

Sincerely,

Teacher Candidate: _____

Mentor/Cooperating Teacher: _____

School Name: _____

*Producing knowledgeable, skilled and compassionate educators and other school professionals
"Where Everybody is Somebody"*

PERMISSION SLIP

Student Name: _____

I, _____ (print parent/guardian name), am the parent/legal guardian of the child named above. I have read and understand the activities described in the letter provided with this form.

My signature on this form indicates that I give permission for you to include my child's student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used only for the purpose of completing teacher preparation program requirements for Grambling State University.

Signature of Parent or Guardian: _____ Date: _____