**TEACHER CONSENT FORM: VIDEO RECORDING**

**Title of project:** *An analysis of the teachers’ Discourse when teaching basic genetics concepts in*

*South African classrooms*

**Name of researcher:** Shungu Mupfawa

I, …………………………………………………………, agree to participate in this research project. The research has been explained to me and I understand what my participation will involve.

**Please circle the relevant options below.**

I agree that my participation will remain anonymous **YES NO**

I agree that the lessons observed may be video recorded **YES NO**

I agree that the information on the video recordings may be used **YES NO**

anonymously in the research report

I understand that the video recordings and transcripts will be **YES** **NO**

stored in a password protected computer

……………………………………………………………………… (Signature of participant)

……………………………………………………………………… (Name of participant)

……………………………………………………………………… (Date)