



**VIDEO/ARTIFACT CONSENT for Hunter College SOE
Parent/Guardian Consent**

Dear Parent/Guardian (or pupil at least 18 years old):

Your child may have a teacher candidate in their classroom who is completing degree requirements in a teacher education program at Hunter College. As part of this process, a teacher candidate must demonstrate teaching effectiveness by submitting lessons they planned, video/audio recordings of a classroom lesson and samples of student work they have graded. Some of these materials may also be used to train other student teachers, faculty, and staff. These materials will be viewed under secure, password-protected conditions, never posted on publicly accessible websites. While the teacher candidates are instructed not to mention pupils by name in their video/audio submissions, pupils may appear in the video or their voices may be heard at certain times during the recording. Additionally, the samples of graded work submitted as part of the teacher candidate's portfolio will not include any pupils' names or other identifying information.

Please complete the form below to indicate whether or not you grant permission for your child's participation in these activities. Thank you for your consideration and for your support as the state seeks to provide every child in New York state with qualified and effective educators.

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PERMISSION FORM

Pupil Name: _____ Classroom Teacher: _____
School: _____ Semester/Year: _____ Student Teacher: _____

I am the parent/legal guardian of the child named above. I have received and read your letter regarding the Hunter College School of Education student teacher in my child's classroom and agree to the following: *(Please check the appropriate blank below.)*

_____ **I DO** give permission for my child to appear on a video recording and for work samples to be saved, and understand my child's name will not appear in any material written accompanying the recording.

_____ **I DO NOT** give permission for my child to appear on the video recording, and understand that he/she will be seated outside of the recorded activities.

I have read this document prior to signing it and I understand its contents.

Signature of Parent/Legal Guardian: _____

Printed Name: _____

Date: _____