



Dear Parent/Guardian,

I am a teacher candidate in a teacher preparation program at the University of Delaware who is working in your child's classroom this semester. As part of my professional preparation, I am required to photograph and/or digitally record some of my lessons and submit samples of student work. The primary focus of the recordings **will be on my instruction**, but your child may appear in the photographs, videos, or audio recordings of my lessons. I am asking your permission to use these materials for the following purposes.

- **Videos for Professional Development.** I may share and review the videos with my classroom teacher, University faculty and staff, and other student teachers to reflect on my lessons and continually develop my teaching skills.
- **Analysis of Student Work.** I may submit samples of student work to University faculty and staff for an assignment, which may include your child's work. Students' last names will be removed from materials before they are submitted.

The form below will be used to document your permission for these activities. I greatly appreciate your support.

Sincerely,

\_\_\_\_\_

\_\_\_\_\_

UD Teacher Candidate

Date

Jamie Bailey, Assistant Director Office of Clinical Studies

For Parents/Guardians

\_\_\_\_\_ I DO GIVE PERMISSION to include my child's image on photographs and/or videos and to use my child's work as outlined above.

\_\_\_\_\_ I DO NOT GIVE PERMISSION to include my child's image on photographs and/or videos or to use my child's work.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_