

Responsibility of the Candidate

STUDENT RELEASE FORM

(To be completed by the legal guardian of minor students involved in this project, or by students who are more than 18 years of age that are involved in this project)

Dear Parent or Guardian:

I am a participant this school year in the Teacher Alternative Preparation Program. This program requires that short videotapes of lessons taught in your child's class be submitted. Although the videotapes involved both teacher and various students, the primary focus is on the teacher's instruction, not on the students in the class. In the course of taping, your child may appear on the video. No student will be identified by name. The form below will be used to document your permission for these activities.

Sincerely,

Candidate's Name

PERMISSION TO VIDEOTAPE

Student Name _____ School _____

Teacher: _____

I am the legal guardian of the child named above. I have received and read you letter regarding a teacher assessment being conducted by the Teacher Alternative Preparation Program (TAPP) and agree to the following:

(Please check the appropriate box below)

I DO give permission to you to include my child's image on videotape as he or she participates in a class conducted at _____ by _____
School Name **Teacher Name**

I DO NOT give permission to videotape my child.

Signature of Legal Guardian _____ Date _____

I am the student named above and I am more than 18 years of age. I have read and understand the project description above. I understand that my performance is not being evaluated by this project and that my last name will not appear on any materials that may be submitted.

I DO give permission to include my image on videotape as I participate in this class.

I DO NOT give permission to videotape me.

Signature of Student: _____ Date _____

Date of Birth: ____/____/____
MM DAY YR