Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian,

I am in the teacher preparation program at East Tennessee State University. I will be working in your child’s classroom as part of a field experience for one of my courses. I am excited to have the opportunity to apply the skills and knowledge I have learned in my coursework at ETSU in this classroom.

During this semester, I will need the opportunity to record a lesson(s) with students as part of the course requirements. This recording will only be used to evaluate my teaching and will not be shared in any other capacity. While the video recording will involve both the teacher and various students, the primary focus is on teacher instruction, not on the students in the class.

In order to complete these assignments, I need your permission to video in your child’s classroom. By signing below, you give your permission for these recordings.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ETSU Student

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Student’s Name School

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature