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

Dear Parent/Guardian,

I am a teacher candidate from East Tennessee State University. I will be working in your child’s classroom as part of my residency requirement. 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 opportunities to record lessons with students as part of the requirements to obtain teacher licensure. These recordings will only be used to evaluate my teaching and will not be shared in any other capacity. Typically, these recordings will occur during a live classroom session; however, due to Covid19, the recorded sessions might also be completed through an online platform such as Google Meet. 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 Residency Candidate

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Student’s Name School

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

Parent Signature