



Approved by Faculty Council April 18, 2014

Dear Parent/Legal Guardian,

As a student intern at the University of South Florida, I am working at your child's school participating in a teaching field experience. The primary purpose for this experience is to observe and teach under the supervision of an experienced mentor teacher, your child's teacher.

As part of this experience I am required by my university to video record several of my teaching activities, record audio, and/or take still images of students to document the learning activities in which I participate. The purpose of these recordings and still images is to help me, my mentor teachers, fellow students in my class, and my university instructor assess my ability to effectively teach content, manage a classroom, and communicate with students. Although the recordings and images might include both the teacher and students, the primary focus is on my instruction. In the course of recording your child, his/her first name, voice or image might be present.

Only personnel with legitimate educational interests [such as other students in my university class, my university course instructor, my mentor teacher (your child's teacher), and program accreditors] will view and/or listen to these recordings and/or still images. All personal or educational information regarding any child will remain confidential. Portions of recordings and still images may be maintained in a portfolio as evidence of teaching competence that may be shared with educational institutions. Personal identifiers will be removed to the greatest extent possible.

The signed form attached ("Classroom Video Recording, Audio Recording, and Picture Permission Slip") will be used to document your permission for these activities. I appreciate your cooperation with my efforts to become an effective teacher. If you have a question regarding this letter, please contact your child's classroom teacher.

Sincerely,

USF student intern signature Date

Classroom teacher signature Date

(OVER)



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Classroom Video Recording, Audio Recording, and Picture Permission Slip

Student's Name: _____

Classroom Teacher's Name: _____

School: _____

I am the legal parent/guardian of the child named above. I have received and read the letter regarding video recording, audio recording, and/or taking still images in my child's class by a student intern from the University of South Florida, College of Education. I understand that any video, audio, or still images will be used only for the purposes outlined in the attached letter. My decision and signature are below.

Please initial the appropriate line and sign below

_____ I **DO** give permission to include my child in video recordings, audio recordings, and/or still images created by a University of South Florida student intern.

_____ I **DO NOT** give permission to include my child in video recordings, audio recordings, and/or still images created by a University of South Florida student intern.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____