

Parent/Guardian Remote Learning Scenario – Video & Audio Recording Consent Form

Date

Dear Families and Guardians:

Your student has a student teacher in the classroom this year from Whitworth University. The Whitworth Master in Teaching program requires that to receive teacher certification, all student teachers must take and pass a performance-based assessment in Differentiated Instruction. Part of this assessment requires candidates to videotape their teaching and analyze it to improve their instructional practice. All videos taken for this purpose may only be viewed by the student teacher, his or her fellow classmates, and the student’s university professor. No child’s name or location is disclosed and all videos are destroyed following passing and submission of the exam.

Please read and respond to the parent consent form below.

I hereby consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student teacher’s name) collection, use, and/or disclosure of information about my child through video conferencing and recording applications and other manual and/or electronic procedures utilized within course instruction.\_\_\_\_\_\_\_\_\_\_\_\_\_ (student teacher) will be working under the direct supervision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (master teacher’s name). I understand that my child is participating in a virtual academic setting, and that the information collected is a part of the remote classroom experience currently being utilized. This consent form covers all forms of remote learning courses. Your child’s image, speech, their typed or written content, as well as their grade level may be transmitted during video portions of remote learning and online instruction. The information supplied is meant solely for educational use. Any use of said virtual academic content outside of Pearson, Whitworth University, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (school name’s) approved use policies, such as uploading or sharing of said video content to a personal website, or a social media account is strictly prohibited. Please complete the following and return to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. A scanned or uploaded photo document of this signed and completed form will be accepted:

Child's Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Consent, please select only one: \_\_\_\_ I consent to my child’s information being recorded for the purpose and during the course of remote class instruction \_\_\_\_ I do NOT consent to my child’s information being recorded for the purpose and during the course of remote class instruction.

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