Dear Parents/Guardians:

I am presently involved with the secondary teacher education program at North Carolina State University. I am working as prospective teacher to gain experience teaching students. As part of my efforts, I am responsible for submitting a portfolio of my teaching experiences. Included in this portfolio are sample lesson plans, observations and reviews of my teaching, and a short videotaped sample. I am better able to prepare myself as a teacher who will work in our public school system through the completion of this portfolio. This is where I need your help. I would like consent to video class segments that will potentially contain your child. This video segment will be approximately 15 minutes in duration and will be focused on my teaching strategies.

There will be no personal information collected from your child and no names will be included with the video. The only individuals who will view this video are University Supervisors who will review my teaching ability. This will allow a clearer picture for my University to decide whether or not I am recommended for certification. I do not anticipate any risks to your child from participating in filmed lessons.

Participation in this study is completely voluntary and there is no penalty for declining to participate. You are free to withdraw consent for the filming of your child at any time. In addition, students who do not wish to participate will be given an alternative assignment on days when filming is being completed.

Please sign and return this form as soon as possible indicating whether or not you consent to have your child participate in any filmed class segments. If you have questions, please email me at wzahorodny@wcpss.net.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please print name)

\_\_\_\_\_\_ I **DO** give you permission to include my child in recorded class segments.

\_\_\_\_\_\_ I **DO NOT** give you permission to include my child in recorded class segments.

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

 (Parent/Guardian Signature) (Date)

Thank you,

Wil Zahorodny,

Student Teacher