

**Parental/Guardian Consent Form**

Dear Parent/Guardian:

As a student teacher from The College of New Jersey, I am required to submit two video

recordings of my lessons to send to my supervisor at the College. The primary focus of the video is my instruction, not the students in the class. The recording will be used to assess my

performance and provide feedback. All audio-video recordings will be used for the stated

purpose and will remain confidential. TCNJ will ensure that the Classroom Recordings are: (i)

stored and transmitted by appropriately secure means, (ii) only used for appropriate evaluative

and educational purposes, and (iii) distributed only to such persons who have a legitimate need to

use them for those purposes.

We would appreciate you granting your permission below for your child to appear in video

recordings. If you do not wish to have your child appear in video recordings, please indicate by

checking the box below, and the student will be excluded from the recording. Please check the

appropriate box, sign the form, and return it. If you, as the parent/guardian wish to rescind your

consent for future recording of your child, you may do so at any time by sending a letter to insert

co-op teacher’s name here.

Student Name: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the parent/guardian of the child named above. I have received and read your letter regarding

The College of New Jersey’s student teacher in my child’s classroom and agree to the following:

(*Please check the appropriate blank below*)

\_\_\_\_\_ **I DO** grant permission for my child to appear in audio-video recordings and understand

that the audio-video may be transported to The College of New Jersey.

\_\_\_\_\_ **I DO NOT** grant permission for my child to appear in audio-video recordings and

understand that the student will be seated outside of the recorded activities.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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