DEPARTMENT OF EDUCATION

Wake Forest University

STUDENT RELEASE FORM
(To be signed by all participating students and the parent or legal guardian of all minor students under 18)

Dear Student/Parent/Guardian:

As a student teacher at Wake Forest University, I am required to obtain videotapes of my teaching in order to complete my licensure requirements. The purpose of these tapes is to document my teaching so that I (and other student teachers and professors) can critique my skills in an effort to improve my work as a teacher. Additionally, I must document and demonstrate my growth as a pre-professional in order to complete the expectations of my program and be eligible for a teaching license in North Carolina.

The videotaping of lessons will occur in the regular class. Although the videotapes involve both the teachers and various students, the primary focus will be on me and my instructional techniques and not the students in the class. The reason you are receiving this notification and release form is because you/your child may appear on the videotape. No student names will appear on any materials I submit for evaluation by my peers or instructors.

The form below will be used to document your permission for the photographing and videotaping. If you have any questions, you may call Dr. Alan Brown, Director of Secondary Education, at 336.758.5460.

Thank you,

________________________________________
Wake Forest University Student Teacher

________________________________________
High School

PERMISSION SLIP

Student Name ____________________________ Date __________________________

I have read and understand the photographing and videotaping expectations established for participating students and agree to the following:

☐ I DO give permission to include my (my child’s) image on photographs and videotape as he or she participates in class.

☐ I DO NOT give permission to include my (my child’s) image on photographs and videotape as he or she participates in class.

________________________________________
Signature of Student

________________________________________
Signature of Parent (if student is under 18)