[Insert Date]

Dear Family:

As an education student, I am learning how to teach and implement lessons in your child’s class this semester.

Due to COVID safety protocols, Ohio Wesleyan University will be using a software program, GoReact, to video record my teaching and provide me feedback to grow as a preservice teacher. During the course of taping, your child may appear in the video clip; however, I will blur any visible faces to maintain your child’s confidentiality.  While I hope that you will allow your child to be a part of this experience, it is not required.  If you do not want your child to be videotaped, he or she will still be included in the lesson that day but will not be filmed.

If you provide consent, video clips will ONLY be used for video observations when COVID safety protocols prohibit in-person observations of my teaching.

I have enclosed a “Student Release Form” for your review.  Please complete the form and **return it to me within one week**.

If you have any questions or concerns, feel free to contact the Ohio Wesleyan University Education Department.  Thank you so much for your time and consideration.

Please return form by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

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

**OWU Education Student**

**Student Release Form**

**(Consent to Videotape)**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am the parent/legal guardian of the child named above.  I have received and read your letter regarding the video observation being conducted by Ohio Wesleyan University and agree to the following:**

*(Please check the appropriate box below.)*

****  **I DO** give permission to you to include my child’s image on video recordings as he or she participates in a class. I understand that my child’s face will be blurred, if visible.

****  **I DO NOT** give permission to video record my child or to reproduce materials that my child may create as part of classroom activities.

**Signature of Parent or Guardian:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**I am the student named above and am more than 18 years of age.  I have read and understand the video observation as described above.  I understand that my performance is not being evaluated by this project.**

**** **I DO**give permission to you to include my image (blurred, if visible) on video recordings as I participate in this class and/or to reproduce materials that I may create as part of classroom activities.

**** **I DO NOT** give permission to video record me or to reproduce materials that I may create as part of classroom activities.

**Signature of Student:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:**\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

MM     DD    YY