



### Teacher Candidate Release Form

Dear Teacher Candidate,

During your student teaching experience, you have the opportunity to create materials for lessons, collect student work, take pictures, and record your practice (e.g., video and audio recordings). We are asking your permission to use your work (e.g., lesson plans, assessments), student work, photographs, and digital recordings from your student teaching experience for the following purposes.

- **Professional Development of Clinical Educators.** The Office of Clinical Studies designs professional development activities for clinical educators in order to prepare them to work with UD teacher candidates. Including teacher candidate work, student work, photographs, and digital recordings of teaching practice in the professional development activities enables the clinical educators to develop the skills needed to foster the growth of teacher candidates.
- **Accreditation and Program Approval.** The University of Delaware teacher preparation programs must be nationally accredited and approved by the State of Delaware Department of Education. Teacher candidate work, student work, photographs, and digital recordings may be needed during accreditation and program reviews.

The form below will be used to document your permission for the University of Delaware to use your work, student work, photographs, and digital recordings from your student teaching experience. In addition, we would need the student release forms signed by parents or guardians of students whose work you share with us or who appear in photographs or digital recordings.

We greatly appreciate your help in creating and updating our professional development activities and in providing documentation for accreditation and program reviews.

Sincerely,

Terri Villa, Associate Director  
Office of Clinical Studies

#### For Teacher Candidates

\_\_\_\_\_ I DO GIVE PERMISSION to use my work, student work, photographs, and digital recordings from my student teaching experience as outlined above. I have attached the student release forms signed by parents or guardians of students whose work is included or who appear in the photographs or digital recordings.

\_\_\_\_\_ I DO NOT GIVE PERMISSION to use my work, student work, photographs, and digital recordings from my student teaching experience.

Signature of Teacher Candidate \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Teacher Candidate \_\_\_\_\_ Date \_\_\_\_\_