



**STUDENT RELEASE FORM**

Dear Parent/Guardian,

I am a student teacher in a teacher preparation program at the University of Delaware who is working in your child’s classroom this semester. As part of my professional preparation, I am required to photograph and/or digitally record some of my lessons and submit samples of student work. The primary focus of the recordings will be on my instruction, but your child may appear in the photographs, videos, or audio recordings of my lessons. I am asking your permission to use these materials for the following purposes.

- **Videos for Professional Development:** I may share and review the videos and synchronous recordings with my classroom teacher, University faculty and staff, and other student teachers to reflect on my lessons and continually develop my teaching skills.
- **Analysis of Student Work:** I may submit samples of student work to University faculty and staff for an assignment, which may include your child’s work. Students’ last names will be removed from materials before they are submitted.
- **Performance Assessment:** Some states require teacher candidates to pass a national standardized performance assessment in order to obtain teacher certification. The performance assessment is scored by certified reviewers. I may submit videos, synchronous recordings, and student work for a performance assessment.
- **Employer Portfolio:** I may include photographs, videos, synchronous recordings, and student work in a professional portfolio for potential employers.
- **University of Delaware Activities:** The University of Delaware may use the photographs, digital recordings, and/or student work to support the professional development of classroom teachers who work with student teachers. These materials may also be used for accreditation purposes and program review and approval.

The form below will be used to document your permission for these activities. I greatly appreciate your support.

Sincerely,

[Name here], UD Student Teacher

Date \_\_\_\_\_

Terri Villa Asst. Director, Office of Clinical Studies

**For Parents and Guardians**

\_\_\_\_ I DO GIVE PERMISSION to include my child’s image on photographs and/or videos or to use my child’s work as outlined above.

\_\_\_\_ I DO NOT GIVE PERMISSION to include my child’s image on photographs and/or videos or to use my child’s work.

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

Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Child’s Name \_\_\_\_\_