

## PERMISSION FOR CLASSROOM VIDEO TAPING

Dear Parent/Guardian:

As students at Olivet College we are working at your child's school participating in a teaching field experience. The primary purpose for this experience is to allow us to observe and teach under the supervision of a mentor teacher (Mrs. Spencer). In addition & at the same time, we are taking an educational course at the university where we are completing our final examination project.

As part of this course we are required to video tape our teaching activities. One purpose for these tapes is to assess our ability to use appropriate speech and body language during instruction. Further, another purpose is to assess our ability to effectively plan and teach content. Although the tapes involve both the teacher and students, the primary focus is on our instruction and presentation of the material. However, in the course of taping your child's first name, voice or image may be present.

Students in our education class, my instructor and a Wikispace link to our class project website will have access to view these recording(s). No last names of participating children will be used at any time. All personal or education information regarding any child will remain confidential.

The signed form below will be used to document your permission for these activities. We appreciate your cooperation with our efforts to become effective teachers.

Sincerely,

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Jeff Janofski

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Ashley Halloway

Special Education Majors  
Olivet College  
320 S. Main St.  
Olivet, MI 49076  
269.749.7635

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### PERMISSION SLIP

Student's Name:

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Address: 255 First St. Olivet, MI 49076-9413

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School: Mrs. Spencer's Class: Olivet Middle School

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I am the legal parent/legal guardian of the child named above. I have received and read your letter regarding video taping in my child's class by special education student's Jeff Janofski and Ashley Halloway, from Olivet College. My decision is indicated by my check mark and signature below.

**Please check the appropriate box and sign below.**

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I DO give permission to include my child's voice and image on tape as s/he participates in a class conducted at Olivet Middle School by Jeff Janofski and Ashley Halloway.

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I DO NOT give my permission to include my child's voice and image on tape as s/he participates in a class

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

Date \_\_\_\_\_