

REQUEST FOR STUDENT PARTICIPATION

Dear Parent/Guardian (or Student at least 18 years of age):

I am enrolled in the Teacher Preparation Program at Illinois College and am currently completing fieldwork in your child's classroom. As part of my fieldwork, I will be video recording myself teaching lessons and working with children in your child's class in order to complete various assignments for my coursework. In the course of recording my teaching, your child may appear on video. I may also gather samples of work from your child's classroom to analyze how students learn, to learn how students respond to various teaching methods, and to consider next steps in planning lessons. Your child's work may be included in these samples. This is an opportunity for me to learn the craft of teaching in a hands-on way through the guidance of my course instructor and your child's classroom teacher.

No student's name will appear on any materials that are used in my coursework, and materials will be kept confidential at all times. The video recordings and student work will not be made public in any way. The materials will be reviewed by my course instructor and fellow students to provide feedback on my teaching so that I may improve my teaching practices and my ability to cause learning to occur in a classroom of children.

This form is a request for your consent to include both your child in the videos and his or her class work in my coursework samples. Please complete the bottom half of this page and retain the top for your reference. If you have any questions about the use of these videos or your child's class work, please contact my Illinois College professor, Professor Suzanne Kell, at suzanne.kell@ic.edu.

Thank you for your consideration.

[Name - printed; sign above]

RELEASE FORM FOR STUDENT PARTICIPATION

Student name: _____ Student's school: _____

I have read and understand the request described in the letter provided at the top of this form, and agree to the following (please check the appropriate line below):

I DO give permission for me/my child to appear on video recordings and my/my child's class work to be used in the coursework of [IC Student]. I understand that my/my child's name and any other personally identifiable information about me/my child will not appear on any of the coursework materials, nor will they be shared publicly in any way.

I DO NOT give permission for me/my child to appear on video recordings or my/my child's class work to be used in the coursework of [IC Student] and understand that I/my child will be seated outside of the recorded area.

I am the student named above and am at least 18 years of age. Date of Birth ___/___/_____

I am the parent/guardian of the student listed above. Name (please print) _____

Signature of Student or Parent/Guardian: _____ Date: _____