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|  | ***Notice of Lesson Recording***  |

Dear Parent/Guardian:

This semester, your child’s class is working with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a teacher candidate from the University of San Diego School of Leadership and Education Sciences. Teacher credential candidates are required to create a 20-40 minute video of one or more lessons for various purposes, including their CalTPA credential requirement from the State as well as for their observation requirements at USD. Although the video will show both the teacher candidate and various students, the primary focus is on the teacher candidate’s instruction and not on the students in the class. The recording will only be seen by USD faculty and assessors of the CalTPA. The assessment also contains samples of student work as evidence of learning. No student last names will appear on any submitted materials, and all materials will be kept confidential.

If you do not consent to such recording, please notify your child’s teacher. On days when recording will occur, the teacher will request that your child be seated outside of the recorded activities.

Sincerely,

Amanda Roth, PhD

Director of Field Experiences & Professor of Practice

Department of Learning & Teaching

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**PERMISSION FORM**

Student Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Teacher  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the parent/legal guardian of the child named above.  I have received and read your letter regarding the University of San Diego teacher candidate in my child's classroom and agree to the following:  *(Please check the appropriate blank below.)*

          **I DO** give permission for my child to appear on a video recording and understand that my child’s name will not appear in any written material accompanying the recording.

          **I DO NOT** give permission for my child to appear on the video recording, and understand that they will be seated outside of the recorded activities.

Signature of Parent or Guardian Date