# Parent Permission Media Release Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent(s) or Guardian,

The **Your Program Name Here** prepares teachers to make a positive and lasting impact on the education of young children. We are writing to ask you to partner with us in promoting the success of this important program. As part of this degree program, **Program Name** students are asked to gain experience teaching young children and then to reflect on this experience as a means of improving their practice. In order for instructors and peers to provide them with feedback about their teaching skills, these brief interactions need to be videotaped. This reflection and feedback process both enhances young children’s learning in early childhood settings and encourages excellence in teaching. The **Program Name** student is the main focus of the videotape, but it is likely that your child will be on camera as well.

Because of this, we are writing to ask for your consent to have a **Program Name** student interact with your child and for this interaction to be recorded and shared for use in the program.

## Activities that will be recorded

**Program Name** students will record early childhood activities that may include child-led play or story time, in which your child is selecting play materials and the **Program Name** student is following your child’s lead in play, or the **Program Name** student is reading them a children’s book. It may also involve the **Program Name** student teaching a lesson or leading an activity.

## How the recorded materials will be used

These recordings will be used by faculty members who are teaching in this program to provide feedback and guidance to the **Program Name** student. They will also be shared with other **Program Name** students in the program to allow them to reflect on best practices together. In addition, the **Program Name** student will create a portfolio, or an electronic notebook, where he or she will store some of the videotaped materials. This portfolio may be shared with employers and colleagues as evidence of the **Program Name** student’s knowledge and ability to work with children.

## Assurance of information security and appropriate use

While in the **Program Name** program, the **Program Name** student will upload the videos into a web-based, privacy-protected space. Your child will never be identified by last name in the video.

## We hope to have your permission

If you give your permission, please complete the permission slip at the bottom of this page. If you have any questions or concerns, please do not hesitate to contact me at **Instructor’s Email** or at **Instructor’s Phone Number**.

Sincerely,

**Instructor’s Name and Title**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in instructional sessions with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and for this interaction to be videotaped as part of several course assignments for **Program Name** and to be used solely for educational and professional purposes related to the program.

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Parent or Guardian Signature Date