Dear Parent or Guardian,

As a University of Scranton student teacher, I am very grateful for the opportunity to be working with your child this semester. Part of my preparation for teaching certification in the Commonwealth of Pennsylvania requires me to develop and teach lessons and complete other written assignments, and to provide proof that I have done so.

I am asking for your permission to include samples of your child’s work as well as photographs and/or video of our classroom (in which your child may or may not appear) as verification of my preparation and practice.

Your child’s privacy will be respected in that no identification of your child or his/her work will be made at any time. I am taking pictures and/or videos of my work and that is what will be subject to review. You and your child will be part of my growth as a future teacher if you allow me to include these photos and/or videos in my required student teaching packet.

These images may be used in one or more very specific ways: during my exit interview at the University of Scranton as required by the University, as part of my professional portfolio that I will take with me to present to employment interviews with prospective school employers, and on the Field Office electronic bulletin board broadcast in-house to the University of Scranton Education Department, exclusively. Student teachers applying for certification outside of Pennsylvania may need to provide video of their teaching in order to gain this certification. Images will not be shared in any other ways without your knowledge and permission. I will not post images or information to social networking sites such as Facebook, Instagram, and Twitter under any circumstances.

Thank you for your support. Please complete and return the signed form below by \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

Typed Student Teacher Name - University of Scranton Student Teacher

*Please detach and return this portion*

School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one of the following and sign below.

\_\_\_\_\_ Yes, I give permission for photographs and/or video of my child and his/her work to be included in your required student teaching packet. I understand that my child will not be identified in any way during presentation of these artifacts.

\_\_\_\_\_ No, I do not give permission for photographs and/or video of my child and his/her work to be included in your required student teaching packet.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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