

**PARENT PERMISSION FOR LINDSEY WILSON AND OTHER AREA COLLEGE'S EDUCATION  
STUDENTS TO VIDEO TAPE STUDENT TEACHING SESSIONS  
IN THE ADAIR COUNTY SCHOOLS**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

College students pursuing a degree in teacher education are required as part of their coursework to student teach in a school setting **under the direction and supervision of a certified teacher**. As part of the student evaluation process, these college students are required to video tape some of their teaching sessions. This video tape is part of the student's educational portfolio **and** becomes the property of the Education Professional Standards Board. **The video tape** may be viewed by representatives of the University/College, School Districts, or the Department of Education.

Please indicate below if you give permission for your child to participate in a class that is recorded by video tape for college education student coursework.

\_\_\_\_\_ **Yes**, I give permission for my child to be included in college student teaching videos. **I hereby release the Adair County Board of Education and its entire staff from any claims of liability that may arise as a result of my child's participation in the videotaping process.**

\_\_\_\_\_ **No**, I do not give permission for my child to be included in college student teaching videos.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_