

WAGNER COLLEGE

EDUCATION DEPARTMENT

Video Waiver Form

Dear Families,

I am excited to be completing my professional development/student teaching experience. A fundamental piece of this experience is to observe and teach under the guidance and mentorship of mentor teachers while also receiving feedback from my professional development/student teaching supervisor at Wagner College.

As a teacher candidate, I am required by Wagner to video record several of my lessons. These recordings will be utilized to assess my pedagogical growth and to receive ongoing feedback as I continue to hone my craft as an educator. Video recordings will be maintained at Wagner and will only be used for pedagogical purposes.

Please note, students' personal identifiers will be removed as much as possible. The signed form (see below) will be used to document your permission for your child's image-audio to be recorded as I videotape my lessons.

I appreciate your support. Any questions about this form, please contact the classroom teachers or principal.

Sincerely,

Name of Teacher Candidate and Signature Date

Classroom Teacher/s Signature/s Date

Please return ASAP.

Parental/Family Member Consent

Student Name:

Date of Birth:

School:

Teacher/s:

I am the parent/family member/legal guardian of the child named above. I have received and read the letter by Wagner's teacher candidate.

Please circle if you give permission or not and sign/date.

I do give permission for my child to be shown- audio-videotaped.

I do not give permission for my child to be shown- audio- videotaped.

Signature

Date