



College of Education and Health Professions

"To achieve excellence by guiding individuals..."

Parental Permission Form

Dear Parent/Guardian:

A teacher candidate from the Columbus State University College of Education and Health Professions is working in your child's classroom this semester. One of the requirements for this experience is for him/her to videotape himself/herself teaching a learning segment. This videotape will be used as a means of assessing the teacher candidate's performance. The tape will focus on this individual's teaching skills, and it will only be used for educational purposes. In addition to the videotaped lesson, the teacher candidate is encouraged to document students' performances throughout the semester by using photographs. The photographs will only be used for assessment/portfolio purposes.

Thank you for your assistance.

Sincerely,

The College of Education and Health Professions
Columbus State University

_____ I give permission for my child to participate in this activity.

_____ I do not give permission for my child to participate in this activity.

Student's Name

Parent/Guardian Signature

Date