

Contoocook Valley School District

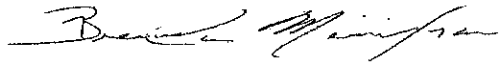
Permission to Videotape and Audio Record for Observational Purposes

Dear Parent/Guardian:

As part of our professional development, we conduct observations of our classroom teachers. One of the primary purposes of the observation is to provide your child's teacher with feedback to improve his/her effectiveness as a teacher. To enhance this feedback, we often make a video and audio recording of the observation.

The primary focus of the videotapes is on your child's teacher's instruction and not on the students in the class. However, during the course of videotaping, your child and/or his/her voice may appear on the videotape. I am requesting your permission to allow your child to participate as part of the video/audio taping for professional development purposes. All videotapes will be kept confidential.

Sincerely,



Date:

8-21-15

Superintendent of Schools

Permission Slip to be completed by parent OR by Student over age 18

Student name: _____

School/Teacher: _____

I am the parent/legal guardian of the student named above OR am the student and am more than 18 years of age. I have received and read this form regarding the video and audio taping of my/my child's teacher for professional development purposes.

- I agree to/for my child to participate** in classroom videotaping of his/her teacher. I understand that an audio recording will also be made and I also consent to the audio-recording. I understand that the video/audio tape will be used for the professional development and assessment of the teacher listed above. I consent to the video/audio tape being viewed by administrators and employees of the ConVal School District for purposes of professional development.
- I do not** give permission to the ConVal School District video/audio tape me/my child for purposes of professional development.

Permission to use Student Photographs

Occasionally, students will appear in a photograph taken in class or during extra-curricular events. Contoocook Valley School District and its schools would like permission to share those photos on school bulletin boards, in electronic parent newsletters, and on school & district webpages.

Please indicate whether you DO or DO NOT give permission for unidentified photos of you/your child to appear as described:

Student Name: _____

School/Teacher: _____

- I give permission** for unidentified pictures of me/my child to appear on school/district websites, parent newsletters and/or bulletin boards.
- I do not** give permission for unidentified pictures of me/my child to be used.

Date: _____

Signature of parent or guardian OR of Student over age 18