



Visual Materials Parental Release Form

Arizona State University student, _____,
(hereinafter referred to as "Teacher Candidate") is in a teacher preparation program and has been placed in your child's classroom.

In order to evaluate the ability of our Teacher Candidate to teach and to manage a classroom, we require our Teacher Candidates to produce audio/visual evidence of their teaching in context. More specifically: photographs, audio recordings, and/or video recordings ("Materials") will be used by supervisory faculty and staff for evaluation, reflection, and coaching of Teacher Candidates. Additionally, these Materials may be used by Arizona State University for program review, professional development, or other internal research and development purposes ("Purposes").

While the focus of these Materials is intended to be on the teacher candidate, your child may appear in the Materials. Arizona State University is asking your permission to photograph, digitally record and/or video selected portions of the classroom and other aspects of the learning environment for the Purpose specified in this Visual Materials Parental Release Form ("Release").

By agreeing to this Release, you are giving us permission to record your child in the Materials and use the Materials for the Purpose. You waive any right to inspect or approve the Materials and waive any right to royalties or other compensation arising from or related to the use of the Materials.

You release and discharge Arizona State University of and from any claims, demands, and damages that may arise from or related to the use of the Materials, including any claims for libel or violation of any right of publicity or privacy to the extent that the Materials are used by Arizona State University for the Purpose.

We hope you will help support this innovative assessment process. If you have any questions feel free to contact:

Robert Morse
Executive Director, Office of Professional Field Experiences
602-543-5531
robert.morse@asu.edu

Thank you for your consideration. If you approve of this process, please sign below and have your child return this form to your child's classroom teacher.

I hereby represent and warrant that I am able to, and do, give authorization and consent to Arizona State University, including Mary Lou Fulton Teachers College, to photograph and/or digitally record classroom teaching and activities in which my child may appear as a result of teacher education activities within the school in the Materials and for the Purpose as described in this Release.

Parent or Legal Guardian Signature

Date

Child's Name

Arizona State University Teacher Candidate's Name