Spring 2022

**Video Authorization Forms and Letters**

Dear Cooperating Teacher/Mentor,

The University of Charleston Department of Education is committed to continuous self-reflection and feedback about a candidate’s performance. One of the ways we assist candidates in this process is through their active use of SharePoint. This allows the candidate to process the feedback that they receive from faculty, cooperating teachers, and peers. It also enables them to look for patterns in their academic work so they can take more control of their development and become more autonomous learners.

A component of the candidate’s performance in the Department of Education is reflecting on their teaching performance via videotape and feedback. During their experience in your classroom, we may require that they have the opportunity to videotape their teaching the whole class or with a small group.Students will not be identified by full name on the video. The candidate and the university supervisor will review the candidate’s performance for this class.

As a participant in this classroom, you may also be included in some of the videotaping that will take place. Please sign to indicate your preference for this experience. If you have questions or concerns, you may call me at 304-357-4773 or send me an email at susanmalinoski@ucwv.edu.

Sincerely,

Dr. Susan Malinoski

Assistant Professor

Program Director

Education Department

University of Charleston

2300 MacCorkle Ave. SE

Charleston, WV 25304

304.357.4773

susanmalinoski@ucwv.edu.

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**Please Print**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ **I do** give permission for my image or talk and the students to be included in the videotaping described above.

\_\_\_\_ **I do not** give permission for my image or talk and the students to be included in the videotaping described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Keep an extra copy of this form for your records**

Spring 2022

Dear Parents,

Currently a University of Charleston teacher candidate is participating in a student teaching experience in your child’s classroom. The University of Charleston Department of Education is committed to continuous self-reflection and feedback about a candidate’s performance. This allows the candidate to process candidates in this process is through their active use of SharePoint. This allows the candidate to process the feedback that they receive from faculty, cooperating teachers, and peers. It also enables them to look for patterns in their academic work so they can take more control of their development and become more autonomous learners.

A component of the candidate’s performance in the Department of Education is reflecting on their teaching performance via videotape and feedback. During their experience in your classroom, we may require that they have the opportunity to videotape their teaching the whole class or with a small group.Students will not be identified by full name on the video. The candidate and the university supervisor will review the candidate’s performance for this class.

As a participant in this classroom, your child may be included in some of the videotaping that will take place. Please sign to indicate your preference for this experience. If you have questions or concerns, you may call me at 304-357-4773 or send me an email at susanmalinoski@ucwv.edu.

Sincerely,

**Dr. Susan Malinoski**

Assistant Professor

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**Please Print**

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

\_\_\_\_ **I do** give permission for my son/daughter to be included in the videotaping described above.

\_\_\_\_ **I do not** give permission for my son/daughter to be included in the videotaping described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature Date

VIDEO PERMISSIONS FOR FIELD STUDENTS IN SCHOOL SETTINGS***WITH***

EXISTING PARENTAL MEDIA RELEASES ALREADY ON FILE

By signing this, I affirm that I have conferred with my cooperating teacher and determined that my planned videotaping of my teaching falls within the school’s existing parental video and multimedia policy. This form should be turned in at the end of the semester to your course instructor.

Field Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cooperating Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Teaching Placement (e.g. EDUC 422/EDUC 497): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VIDEO PERMISSIONS FOR FIELD STUDENTS IN SCHOOL SETTINGS ***WITHOUT***

EXISTING PARENTAL MEDIA RELEASES ON FILE

By signing this, I affirm that I have conferred with my cooperating teacher and determined that he/she has obtained parental permission slips for all visible students in my planned videotaping of my teaching. This form should be turned in at the end of the semester to your course instructor.

Field Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cooperating Teacher name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Teaching Placement (e.g. EDUC 422/EDUC 497): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Students videotaped: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_