



Center for Teacher Quality

VIDEO PRESENTATION PERMISSION FORM

Date	____ / ____ / 20 ____	
Semester	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	Year 20 ____
Teacher Candidate	_____	_____
	<small>Last Name</small>	<small>First Name</small>
Social Security #	____ - ____ - ____	
School & District	_____	
Grade/Subject	_____	

I, _____ will videotape the delivery of my

Print Student Name

lesson titled:

_____ on ____ / ____ / 20 ____ .

Title of Lesson

Please verify that I have taken the appropriate steps to get permission for videotaping this lesson by printing and signing your name below. I will not videotape a student who has not provided written parental/guardian permission to be videotaped.

SIGNATURE VERIFICATION

Teacher Candidate	_____	_____
	<small>Print Name</small>	<small>Sign Name</small>
Cooperating Teacher	_____	_____
	<small>Print Name</small>	<small>Sign Name</small>
University Supervisor	_____	_____
	<small>Print Name</small>	<small>Sign Name</small>