

STUDENT RELEASE FORM

(To be completed either by the parents/legal guardians of minor students involved in this project, or by students who are more than 18 years of age that are involved in this project)

Dear Parent/Guardian:

I am participating in a program to endorse teachers as highly qualified practitioners in the teaching of reading. This program, the Reading Add-On Endorsement, is required by NCLB, the Florida Department of Education, and our district. The primary purposes of this endorsement are to enhance student learning and encourage excellence in teaching.

This project requires the short video taping of lessons taught in your child's class. Although the videotapes involve various students and me, the primary focus is on my instruction, not on the students in the class. However, in the course of taping, your child's first name, voice or image may appear on the videotape. I may be asked to submit samples of student work as evidence of a teaching practice, and that work may include some of your child's work.

Only other professional educators will view these tapings and/or sample work. No last names of participating children will be used at any time. All personal or education information regarding any child will remain confidential.

The signed form below will be used to document your permission for these activities.

Sincerely,

Signature

PERMISSION SLIP

Student's Name: _____

Home Address: _____

School: _____

I am the legal parent/legal guardian of the child named above. I have received and read your letter regarding video taping in my child's class by a FLARE Coordinator, and agree to the following:

(Please check the appropriate box and sign below)

I **DO** give permission to include my child's voice and image on tape as s/he participates in a class conducted at _____ by _____ and/or allow them to reproduce materials that my child may produce as part of the classroom activities. No last names will appear on any materials collected.

I **DO NOT** give my permission to include my child's voice and image on tape as s/he participates in the classroom activities.

Signature of Parent/Guardian _____ Date _____

I am the student named above and am more than 18 years of age. I have read and understand the project description given above. I understand that my performance is not being evaluated by this project and that my name will not appear on any materials that may be submitted.

I **DO** give permission to include my voice and image on tape as I participate in a class conducted at _____ by _____ and/or allow them to reproduce materials that I may produce as part of the classroom activities. No last names will appear on any materials collected.

I **DO NOT** give my permission to include my voice and image on tape as I participate in the classroom activities.

Signature of Student _____ Date _____ Date of Birth _____