

Procedures/Checklist for Recording Video and Audio in Pre K- 12 Schools and Classrooms

School/School District Permission

- Notify classroom teacher of intent to record students prior to contacting students or parents.
- Contact principal/authorized personnel for permission to record students prior to contacting students or parents.
- Obtain signed *School/School District Permission Form* on School/School District Letterhead prior to contacting students or parents or distributing *Parental Permission Form to Audio/Video Record Students*

Parental Permission

- Consult with classroom teacher about distributing forms
- Distribute *Parental Permission Form to Audio/Video Record Students* to every student in the class
- Collect signed *Parental Permission Form to Audio/Video Record Students* from every student
- Copy signed forms
 - Give one set to Mentor Teacher/Principal
 - Keep one set for your records, give one set to your DU Advisor
- Ensure all students declining permission on, or not returning, a *Parental Permission Form to Audio/Video Record Students* are removed from class during audio/video taping
 - Provide an alternate, equivalent learning experience for all students not participating

Prospective Teacher Confidentiality Affidavit and Agreement

- Complete and sign “Third Party Affidavit”
- Give one copy to Mentor Teacher
- Keep one copy for your records, give one copy to your DU Advisor

Audio/Video Storage/Distribution

- Provide audio/video recordings to DU Advisor
 - Audio/video recordings shall be kept in a secure server
 - Requests for review by a prospective teacher of audio/video recordings shall be made to your DU Advisor
 - Audio/Video recordings may only be used for the purposes described in the parental permission form
- MCE faculty may have access to the video
- Do not distribute or disclose the audio/video recordings (or any information or data related thereto) to any unauthorized person, including posting the audio/video recordings to public sites (YouTube, Vimeo, etc.)

DU Student Name	Signature	Date

Parental Permission Form to Audio/Video Record Students

Dear Parents,

Your school is partnered with the Teacher Education Program (TEP) sponsored by the University of Denver. TEP is an intensive nine-month academic experience offered by the University of Denver and designed for prospective teachers who already hold a bachelor's degree and seek a Colorado teaching license. Your child's classroom hosts a TEP prospective teacher working with students under the supervision of your child's classroom teacher. Throughout the year, as a tool for becoming an effective teacher, the prospective teacher will collect audio/video samples of his/her teaching.

The purpose of audio/video recording is to provide reflection and feedback for the prospective teacher participating in TEP, professional development of TEP faculty, and training for mentors of prospective teachers participating in TEP. The school/school district approves the University of Denver performing and sponsoring this program and audio/video recording in your child's classroom.

With your permission, the audio/video recordings may contain your child's first name, image, and voice. To protect your child's privacy, students will be identified only by their first names on any audio/video recording. The audio/video recordings will only be viewed by TEP faculty, prospective teachers participating in TEP, mentors of prospective teachers participating in TEP and your school's officials. The audio/video recordings will be used only for the purposes stated and will not be used for any other purpose. The recording(s) will be stored on a secure server at the University of Denver and will be retained indefinitely. Should any information revealed in the audio/video recording be the subject of a court order or lawful subpoena, the University of Denver and/or prospective teacher may not be able to avoid compliance with the order or subpoena. As required by law, any information concerning suicide, homicide, or child abuse and neglect captured on an audio/video recording shall be reported to the proper authorities.

Neither you nor your child is entitled to any compensation or other benefits from participating in the audio/video recording. However, the goal is to improve the educational process and, as a result, children in the future will be helped. The school would like all students in the classroom to participate but the decision to participate is voluntary. No action will be taken against the school, you, or your child, if you decide not to let your child participate. Students who do not wish to participate in the audio/video recording will be excused and if at any point during the audio/video recording, a student does not wish to continue he or she will be removed from the classroom without penalty. An alternate, equivalent learning experience for all students not participating in the audio/video recording will be arranged.

Please read and complete the section below. If you do not return this form by the date specified below, then your child will **not** be authorized to participate for that portion of time in class of the audio/video recording and an alternate, equivalent learning experience will be arranged. Thank you.

Child's Name: _____ Grade: _____

Yes, I have read this form and have been informed in writing by the school that it plans to audio/video record students in _____ [teacher's name and classroom number] and agree to the audio/video recording of my child.

No, my child may not take part in the audio/video recording.

Parent's/Legal Guardian's Signature: _____ Date: _____

Parent's/Legal Guardian's Printed Name _____ Phone number: _____

Please return this form by (date): _____

If you have any concerns or complaints about how you or your child were treated during the TEP, please contact Dean Karen Riley, Morgridge College of Education, at 303-871-3665 or write to the University of Denver, Morgridge College of Education, Attn: Dean Karen Riley, 2199 S. University Blvd., Denver, CO 80208-2121.

Prospective Teacher Confidentiality Affidavit and Agreement

I, _____ [*prospective teacher's name*], a prospective teacher in The University of Denver's Teacher Education Program (TEP), understand that the production, receipt or review of audio/video recordings of _____ [*name of School, Mentor Teacher and room number*], and any information or data related thereto, is for the sole purpose of my participation in the TEP. I agree to keep such audio/video recordings, and any information or data related thereto, confidential. I understand that (i) the audio/video recordings, and any information or data related thereto, are subject to the Family Educational Rights and Privacy Act of 1974, as amended and by applicable state laws regarding the protection of education records and (ii) the use or release of the audio/video recordings, or any information or data related thereto, for any purpose other than as permitted by the written consent of the parent or legal guardian of the students depicted in the audio/video recordings is strictly prohibited. I acknowledge that I fully understand that the release by me of audio/video recordings, and any information or data related thereto, to any unauthorized person could subject me to criminal and/or civil penalties, where applicable, imposed by law and/or disciplinary procedures of the University of Denver.

DU Student Name: _____

Signature: _____

Date: _____

[SCHOOL/SCHOOL DISTRICT PERMISSION FORM]

[PRINTED ON SCHOOL DISTRICT'S LETTERHEAD]

[DATE]

University of Denver
Morgridge College of Education
2199 S. University Blvd.
Denver, CO 80208-2121.
Attn: Teacher Education Program

RE: Teacher Education Program Videotaping

To: University of Denver, Morgridge College of Education:

This letter is to convey that [SCHOOL DISTRICT'S NAME] gives permission to [PROSPECTIVE TEACHER'S NAME] to videotape herself/himself teaching students in the following classroom(s):

Classroom	Grade	Teacher

If you have any questions regarding this permission, please contact: [INSERT TELEPHONE NUMBER OR CONTACT INFORMATION].

Sincerely,

[INSERT AUTHORIZED PERSONNELS NAME (E.G., SCHOOL PRINCIPAL, DIRECTOR, ETC.)]
[INSERT TITLE]