



OFFICE OF EDUCATOR PREPARATION
P.O. Box 70685
Johnson City, TN 37614

Dear Parent/Guardian,

I am a teacher candidate from East Tennessee State University. I will be working in your child's classroom as part of my residency requirement. I am excited to apply the skills and knowledge I learned in my coursework at ETSU in this classroom.

During this semester, I will need opportunities to record lessons with students as part of the requirements to obtain teacher licensure. These recordings will only be used to evaluate my teaching and will not be shared in any other capacity. While the video recording will involve both the teacher and various students, the primary focus is on teacher instruction, not on the students in the class.

To complete these assignments, I need your permission to video in your child's classroom. By signing below, you give your permission for these recordings.

Sincerely,

ETSU Residency Candidate

Student's Name

School

Parent Signature

Date