Parent/Guardian Consent Form

Dear Parent/Guardian,

This term a teacher candidate from the Melbourne Graduate School of Education (MGSE), who is in their final semester of their Master of Teaching (Primary) program, is working with your child’s class.

All teacher candidates are required to undertake a critical assessment of their teaching skills as part of their final assessment. To facilitate this, teacher candidates are required to record a series of 3 x fifteen minute segments of lessons they deliver in your child’s class. Whilst the primary focus is the teacher candidate’s clinical teaching practice it is possible that students will be recorded.

The video recordings will be used for the purpose of assessing teacher candidates’ professional practice. It is hoped that permission will also be provided for the footage to be accessed for the purposes of evaluation of the task for the preparation of Teacher Candidates. Both would occur strictly within the confines of the Master of Teaching Program. The video recording will be viewed only by those involved in the assessment and evaluation process. No student names will appear on any submitted materials. The video recording and all materials will be kept in strictest confidence at the Melbourne Graduate School of Education and destroyed after use for either purpose.

Please complete and return this Permission Form to document consent for your child to participate and appear in this video.

Thank you for your assistance with this important assessment task.

Rannah Hetherington
Practicum and Partnerships Coordinator
Melbourne Graduate School of Education

Student Name: ___________________________ Grade: __________________

I am the parent/legal guardian of the child named above. I have received and read your letter regarding the University of Melbourne Teacher Candidate in my child’s classroom and agree to the following:

☐ I DO give permission for my child to appear on a video recording and understand my child’s name will not appear in any material written accompanying the recording.

☐ I DO/DO NOT give permission for the video recording to be used for purposes of evaluation of the assessment task within the confines of the Master of Teaching Program at the Melbourne Graduate School of Education.

☐ I DO NOT give permission for my child to appear on the video recording, and understand that he/she will be seated outside of the recorded activities.

Parent/Guardian Signature: ___________________________ Date: ____________