# ACE Teacher Agreement Regarding Appropriate Use of Classroom Videos

The privacy and safety of students must be protected at all times.

I will use video equipment in the practicum solely as an instructional tool in order to complete the video reflection assignment that is a requirement of EDU 65032(34)(36). I will never use the equipment for any other purpose unless directed in writing by ACE supervisory personnel.

I will treat all recordings of my classroom activities as confidential student records. I will not allow them to be viewed by anyone other than my summer supervisor or within the Monday Seminars as directed by my summer supervisor, or by my lead mentor teacher. I will never upload the recordings to an Internet site other than a password protected video channel and only for the purpose of sharing with my summer supervisor or lead mentor teacher. I will never e-mail them.

I have read this entire document, and have had an opportunity to ask questions about it. I agree to its terms, and understand that I may be subject to discipline up to and including **immediate dismissal from the ACE program** if I fail to abide by these terms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACE Teaching Fellow Date

# Principal Video Recording Release Form

Dear Principal:

As a means to promote excellence in teaching and support professional growth, ACE will require all of its ACE Teaching Fellows to video record 15-20 minutes of a lesson during their summer practicum. The focus of such video recording will be on teacher instruction and not the students in the classroom though both teacher and students might be shown in the clips. After videotaping, the ACE Teaching Fellow will be required to watch the video and reflect on practice. The video will also be viewed during a guided seminar led by the ACE Teaching Fellow’s summer supervisor.

The ACE Teaching Fellow is expected to observe all school protocols related to videotaping. Viewing access of the video will be limited to the ACE Teaching Fellow, summer supervisor, and classmates during the guided seminar.

Please complete and return this form to document your permission for this activity to occur within your school and to confirm that video release forms are on file for school students.

Thank you for your consideration.

Sincerely,

Summer Practicum Director

I hereby grant my consent to allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the ACE Teaching

name of ACE Teaching Fellow

Fellow assigned to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to video record one

school

lesson in the summer practicum for the purpose of professional growth.

**I confirm that video release forms are on file for the ACE Teaching Fellow’s students.**

(Please include a sample copy of this release form.)

I do not grant permission for any lesson videotaping.

Principal Signature Print Name

School Name

Address City State Zip

Phone

Date

# Student Video Release Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear parent/guardian:

Your child’s summer teacher is pursuing a Master’s Degree in Education through the Alliance for Catholic Education (ACE). ACE expectations require that a video recording will be made of part of one lesson.

The focus of such video recording will be on teacher instruction and not the students in the classroom although both teacher and students might be shown in the clip. No child’s name will be released with any of the digital excerpts.

The form below will document your permission for these activities.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the parent/legal guardian of the student named above. I give permission for my child’s image to be included in digital recordings of a classroom lesson. I understand that my child’s identity will be kept confidential, and that his or her name will not be released. I understand that my child’s teacher will destroy the video recording after completion of his/her video reflection assignment.

Your Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Permiso Estudiantil

Fecha\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimado padre de familia/guardian:

El/la maestro(a) de su hija(o) está estudiando para recibir una maestría en educación como parte del programa La Alianza Para Educación (ACE) de la Universidad de Notre Dame. Uno de los requisitos del programa ACE es que el maestro(a) haga una o dos grabaciónes por video de una o dos lecciónes. Estas grabaciónes serán enviadas al professor de la Universidad y serán revisadas por el profesor solamente.

El enfoque de dichas grabaciónes será en la enseñanza del maestro(a) y no en los estudiantes. Sin embargo, los maestros y estudiantes saldrán en las grabaciónes. El nombre de su hijo(a) no será divulgado de ninguna manera. Solamente el profesor y el maestro revisarán la grabación. Todas las grabaciónes serán distruidas al fin del año escolar.

La forma que sigue es para que usted de permiso para que su hijo(a) participe en esta actividad.

Nombre del estudiante\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del maestro(a)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yo soy el padre/guardian del estudiante cuyo nombre aparece. Doy mi permiso para que el imagén de mi hijo(a) sea incluido en estas grabaciónes. Entiendo que la identidad de mi hijo(a) quedará en confianza y que su nombre no será divulgado. Entiendo que solamente el maestro(a) de mi hijo(a) y el profesor de la Universidad serán los únicos que verán dichas grabaciónes.

Su nombre (en letra de molde) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Su firma\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_