# APPENDIX D

**DIGITAL RECORDING EXPECTATIONS, RESOURCES, AND FORMS**

Introduction:

As a means to promote excellence in teaching and support your professional growth, ACE is requiring you to digitally record portions of lessons during the academic year. The focus of digitally recording will be on your instruction and not the students in the classroom though students might be shown in the clips. After digitally recording, you will be required to submit a brief clip and a related written reflection to your University Supervisor who will watch the clip, read the reflection and respond. Viewing access of the video will be limited to you and your University Supervisor.

Three forms requiring signatures MUST BE on file BEFORE digital recording occurs:

1. An *Agreement Form Regarding Appropriate Use of Classroom Videos* requiring the signature of you, the ACE Teacher.
2. A *Digitally recording Release Form* requiring the signature of your school Principal.
3. A *Student Release Form* requiring the signature of the parent/guardian of each student under the age of 18 or the students themselves if 18 or older in the class that will be digitally recorded.

|  |  |
| --- | --- |
| Form | Expectations |
| Agreement Regarding Appropriate Use of Classroom Digital Recordings | * ACE Teacher signs, scans and posts to Taskstream
 |
| Digitally Recording Release Form | * Form is included within the Principal/Mentor Handbook. Principal signs and returns to ACE Teacher. ACE Teacher scans and posts to Taskstream.
 |
| Student Release Form | * It is the responsibility of the ACE Teacher to ask the Principal what the school/diocesan policy for digitally recording is and to follow all protocols.
* A Student Release Form is provided with the Principal Release Form. If the school/diocese already has a video release form that parents sign, this form may not be necessary.
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Equipment:

We encourage you to use resources that you own personally (smartphone, camera, iPad, etc.) or to borrow such equipment from your school or housemates to fulfill this recording requirement. You will then securely upload your videos to the TORSH Talent

site hosted by the University of Notre Dame and make sure to delete the images from any device you use to capture the images

after you have confirmation that your materials have securely uploaded. Please use the “T Uploader” app for recording whenever possible. **Patrick Kirkland has recorded a Torsh “how to” video that you can access** [**here**](https://notredame.zoom.us/rec/share/4cpWAaC3-WxLfZXNskCOa6IMPLjvX6a813cb-KAFyEhO0zmaU6juN6q_t412aHK6?startTime=1594225274000)**.**

Directions for digitally recording a lesson:

As part of certain reflection expectations, ACE teachers are asked to video record a lesson(s). Once the digital recording has occurred, you are asked to watch the video and select a 4-8 minute clip that addresses the requirement of the specific reflection prompt. You will likely need to “trim” the video to produce the appropriate clip size.

Tips for classroom digitally recording:

* Use the kickstand provided to your community by ACE to set up your smartphone or tablet.
* Use the “T Uploader” app to capture the video.
* Upload the video to TORSH Talent and clip the video **before** adding any annotations, descriptions, or additional files.
* Record your video in **landscape** from the beginning.

Sharing the Video with your Supervisor:

1. Record your video using the means that will work best for you, but preferably with the T Uploader app.
2. Upload the video to **your** TORSH talent account (torshtalent.com).
3. Clip the video to the appropriate length.
4. Name the video **your name and reflection #**, i.e. P Kirkland Reflection 3.
5. Include any additional notes and documents necessary.
6. Share the video with your supervisor using the “Share” tool.

**Agreement Regarding Appropriate Use of Classroom Digital Recordings**

Students are entrusted to our care by their parents. Vatican documents make clear that Catholic schoolteachers are here to assist parents in the forming and care of young people. Therefore, the privacy and safety of students must be protected at all times.

I will use video equipment furnished for my use by ACE or my own equipment in class solely as an instructional tool and for the sole purpose of recording my interaction with my students in the classroom so that those interactions may be reviewed by ACE supervisory personnel. 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 ACE personnel. I will never upload the recordings to an Internet site other than the TORSH Talent site and only for the purpose of sharing with ACE personnel. I will never e-mail them.

I will monitor and protect the video equipment and the physical media containing the recordings with the same degree of care I would use in safeguarding my wallet, credit cards, or my checkbook.

I will destroy video recordings each semester and I will not retain any copies of these recordings when I leave the ACE program.

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 ACE Teaching Fellows** if I fail to abide by these terms.

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

ACE Teaching Fellow Date

*\*NB: This agreement will be signed and submitted vis-à-vis a Google form at the conclusion of the ACE summer.*

**Digital Recording Release Form**

Dear Principal:

As a means to promote excellence in teaching and support professional growth, ACE will require all of its ACE Teachers to digitally record portions of certain lessons during the academic year. The focus of such digital recordings will be on teacher instruction and not the students in the classroom, though both teacher and students might be shown in the clips. After recording the lesson, the ACE Teacher will be required to submit a brief clip via a password-protected channel as well as submit a written reflection to his/her University Supervisor.

The ACE Teacher is expected to observe all school protocols related to digital recordings. Viewing access of the video will be limited to the ACE Teacher and ACE personnel.

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,

ACE University Supervisors

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[ ]  I hereby grant my consent to allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the ACE Teacher

 name of ACE Teacher

assigned to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to digitally record certain lessons for the purpose of professional growth.

[ ]  **I confirm that video release forms are on file for the ACE Teacher’s students.** (Please include a sample copy of this release form.)

[ ]  I do not grant permission for any lesson digitally recording.

Principal Signature Print Name

School Name

Address City State Zip

Phone

Date

**\*\*Please make this form available to the ACE teacher who will submit it, via Taskstream, to his/her Academic Supervisor. Please do not email this form.\*\***

**Student Release Form**

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

Dear parent/guardian:

As you know, your child’s teacher is pursuing a Master’s Degree in Education through the Alliance for Catholic Education (ACE) Program. ACE expectations require that portions of certain video recordings be shared with the teacher’s University Supervisor for review and feedback.

The focus of such digitally recording will be on teacher instruction and not the students in the classroom although both teacher and students might be shown in the clips. No child’s name will be released with any of the digital excerpts that are submitted. All recordings will be destroyed at the end of the school year.

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 classroom lessons. 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 share this video with his/her University Supervisor for review and feedback.

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 a tres 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_