

MICHIGAN STATE
UNIVERSITY

Videotaping Consent Form

My name is _____. I am an Intern at Michigan State University. I will be teaching lessons to your son/daughter as part of my Internship requirements. Two of my requirements involve videotaping my own teaching and evaluating it.

I need to know if you would mind if your son/daughter is a member of the group when I am videotaped. Before you give your permission, I want to assure you of two things. First, the camera will be focused largely on me and not on the students in the group. Thus, there is a good chance that your son/daughter's face will not be visible. Second, I want you to know that the tape will be used only for instructional purposes. No data from this tape will be used to evaluate your son/daughter or make recommendations about needed programs and services.

Thank you,



Intern Signature

Teacher Signature

Parent Signature:

I am willing to let my son/daughter, _____, be a member of the teaching group which will be videotaped.

Parent or Guardian's signature

Date

I am not willing to let my son/daughter be a member of the teaching group which will be videotaped.

Parent or Guardian's signature

Date

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