



College of Education & Human Development

DELAWARE CENTER FOR TEACHER EDUCATION
OFFICE OF CLINICAL STUDIES

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Student Release Form

Dear Parent/Guardian,

I am a student teacher in a teacher preparation program at the University of Delaware who is working in your child's classroom this semester. As part of my professional preparation, I am required to photograph and/or digitally record some of my lessons and submit samples of student work.

- Videos for Professional Development. I may share and review the videos with my classroom teacher, University faculty and staff, and other student teachers to reflect on my lessons and continually develop my teaching skills.
Analysis of Student Work. I may submit samples of student work to University faculty and staff for an assignment, which may include your child's work. Students' last names will be removed from materials before they are submitted.
Performance Assessment. Some states require teacher candidates to pass a national standardized performance assessment in order to obtain teacher certification. The performance assessment is scored by certified reviewers. I may submit videos and student work for a performance assessment.
Employer Portfolio. I may include photographs, videos, and student work in a professional portfolio for potential employers.
University of Delaware Activities. The University of Delaware may use the photographs, digital recordings, and/or student work to support the professional development of classroom teachers who work with student teachers. These materials may also be used for accreditation purposes and program review and approval.

The form below will be used to document your permission for these activities. I greatly appreciate your support.

Sincerely,

Handwritten signature of UD Student Teacher

UD Student Teacher

Date 4/11/2019

Handwritten signature of Linda S. Zankowsky

Linda S. Zankowsky, Ed.D., Associate Director
Office of Clinical Studies

Handwritten signature of Carol Phipps

Carol Phipps, Assistant Director
Office of Clinical Studies

For Parents/Guardians

I DO GIVE PERMISSION to include my child's image on photographs and/or videos and to use my child's work as outlined above.

I DO NOT GIVE PERMISSION to include my child's image on photographs and/or videos or to use my child's work.

Signature of Parent/Guardian Date

Printed Name of Parent/Guardian Date

Child's Name