



## Parental Release Form

*A Spanish version of this form can be found at the following URL:  
[http://www.education.uiowa.edu/edtech/forms/Media\\_Release\\_Form\\_Spanish.htm](http://www.education.uiowa.edu/edtech/forms/Media_Release_Form_Spanish.htm)*

A University of Iowa student in a teacher-training program has been assigned to your child's classroom. In order to evaluate our university's students' ability to teach and manage a classroom, we are requiring our students to produce visual materials of their teaching. The focus of these will always be on the pre-service teacher, your child may or may not appear. We are asking your permission to take photographs and short video of selected portions of the learning environment. These materials will be stored on a secured World Wide Web server that requires passwords before the materials can be viewed. Those given passwords will be limited to:

1. The pre-service teacher that is being evaluated.
2. University of Iowa faculty and staff who supervise our field experiences.
3. Iowa Department of Education assessors verifying our future teachers meet State of Iowa standards.
4. School district hiring officials appraising the prospective teacher.

These materials will be active on University web servers for approximately two years after a student completes the teacher education program and will then be archived for internal University use only. We hope you will help support this innovative assessment process.

If you have any questions feel free to contact your child's teacher or:

Ellie Herman  
Coordinator of Field Experiences, College of Education  
The University of Iowa  
319-335-5356  
(ellen-herman@uiowa.edu)

For technical questions contact:  
John Achrazoglou  
Coordinator of Technology, College of Education  
The University of Iowa  
319-335-5620  
(john-achrazoglou@uiowa.edu)

Thank you for your consideration. If you approve of this process, please sign below and have your child return this form to your child's classroom teacher. Thank you

I give authorization and consent to The University of Iowa to take pictures and video in which my child may appear as a result of teacher education activities within the school. These materials will only be used for official purposes as described above.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Print - University of Iowa Student Name and UID number  
(UI student should copy form for your records and submit original form to N310 LC)