Shelby County Schools
Reflective Practice Release Permission

Valid from August, 2013 – June 30, 2014

Please complete, sign, date, and return this form to: Monica Jordan

Master Teacher Video captures have been created and shared with the Manager of Teacher and Leader Development. We would like to request your permission to allow a video review committee, consisting of three separate TEM certified reviewers, to review your selected video for the sole purpose of finding **exemplars of the TEM 3.0 Indicators**. These exemplars will be identified, tagged and coded. In accordance with privacy issues and agreements, our department **must** have your expressed, written consent to share and view your video capture in this manner. Once your video is tagged and coded, we will notify you of those tags and codes. At that time, we will send a separate request regarding use of the video. Please understand that under no circumstances will your video be used in any other way than in the manner described above. Please complete this form by **Friday, February 7th**, and return to Monica Jordan, either electronically or via Board mail.

Name of Capture in Teachscape (if selecting more than one capture, please fill out an additional form):

_____

Circle Grade Band of capture: PK-2   3-5   6-8   9-12

Indicate the Subject Area of capture: _____

Which of the following Indicators are proficient to exemplary in the capture: (circle all the apply)

Teach 1	Teach 2	Teach 3	Teach 4
Teach 5	Teach 6	Teach 7	CLE 1
CLE 2	CLE 3		CLE 4

Alternate Rubric (please indicate): _____

☐ I **do not** grant permission for my video capture to be viewed and used in this manner.

☐ I **do** grant permission to the Manager of teacher and Leader Development to use my video capture as described above. I understand that this form will remain on file for the duration of dates indicated above or until rescinded in writing to Monica Jordan or representative. ***By selecting this option, you are granting permission to conduct preliminary categorization and coding of your video capture. This permission only extends to video captures indicated on this form.***

_____   _____

 Printed Name   Signature

_____   _____

Date   School Name