

THOMPSON RIVERS UNIVERSITY



Faculty of Human, Social and Educational Development
Bachelor of Education Program

Date: _____

Dear Parent/Guardian:

Re: Parental Consent for Media Documentation TRU Bachelor of Education Program - Practicum Placement

Teacher Candidates from the Bachelor of Education program at Thompson Rivers University will be working with your child's teacher as part of the EDPR 3200 practicum from **April 5 – April 23, 2012**.

The Teacher Candidates may wish to audiotape or photograph your child. Some of the photographs may be used in professional portfolios when the Teacher Candidate exits the program.

Please complete the form below and state if you **give** or **do not give** permission for your child to be documented. Please return the completed form to your child's teacher by **April 5, 2012**.

If you have any questions or concerns, please do not hesitate to contact me at 250-828-5243 or slidster@tru.ca

Susan Lidster, TRU Practica Coordinator

Cut Here

Parental Consent Form for Media Documentation

I, _____ **give** permission to document my child, _____
(Parent or Guardian) for the purpose of teacher education and for use in a professional portfolio.

OR

I, _____ **do not give** permission to document my child, _____
(Parent or Guardian) for the purpose of teacher education and for use in a professional portfolio.

I understand that I have the right to view all documentation.

Name of Parent or Guardian (please print)

Signature

Date

Teacher Mentor

Susan Lidster, TRU Practica Coordinator