

To the parents of the pupils

of class **1b**, **name/place of school**

Place, date

Permission to video record in the classroom

Dear Parent(s)

I am a student at the School for Teacher Education and **am** currently teaching in your child's class. **I** will soon take my final exams.

In order to document **my** teaching skills, a few of **my** lessons will be filmed. Only my teacher trainers will have exclusive access to these films and they will be deleted as soon as the results have been viewed and assessed. **I** assure you that these film recordings will in no way or manner be made available to the general public.

My question is: Is your child allowed to appear on the recordings?

I am kindly asking you to give your consent to the filming process by signing the attached form and having your child return it to school by **date**.

Thanking you in advance for your much appreciated support and help **I** remain.

Faithfully yours,

Name, signature teacher training student 1

Name, signature class teacher

Name, signature teacher training student 2

✕ -----

Name and surname of pupil:

- Yes, I consent to my child being filmed.
- No, I do **not** consent to my child being filmed.

Date: _____

Signature parent(s): _____

**photo of the
student(s)**

to create
confidence