Dear parent(s)/guardian(s),

My name is Jessica Hardy, and I am the coordinator of the early childhood special education program at University of Illinois Urbana-Champaign. One of our graduate students has been assigned to your child’s classroom or early intervention provider as a practicum student. As part of this practicum, our students are required to video themselves teaching or working with children and families. These videos could be used for three purposes:

1. Supervision: Our practicum students receive feedback from their university supervisor on their teaching or early intervention practices.
2. Practicum seminar: Our practicum students receive feedback from other students on their teaching or early intervention practices at practicum seminar throughout the semester.
3. Portfolio: Before they graduate, our students are required to submit a portfolio demonstrating their teaching or early intervention practices.

We are seeking your permission to include your child in these videos. No one outside the program will view these videos, and they will be deleted when the practicum student graduates. Please indicate below whether you do or do not give permission for your child to be videoed for each of these three purposes.

Thank you for considering this request. For more information, please contact me, Jessica Hardy, at 217-244-1357 or jesskh@illinois.edu.

**Supervision**

|  |  |
| --- | --- |
| Yes, I give my permission for my child to be video recorded for this purpose. | No, I do not give my permission for my child to be video recorded for this purpose. |

**Practicum seminar**

|  |  |
| --- | --- |
| Yes, I give my permission for my child to be video recorded for this purpose. | No, I do not give my permission for my child to be video recorded for this purpose. |

**Portfolio**

|  |  |
| --- | --- |
| Yes, I give my permission for my child to be video recorded for this purpose. | No, I do not give my permission for my child to be video recorded for this purpose. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian Date