Consent form for use of video and/or audio recordings for assessment purposes

Place, Date

Address

Address

Address

Address

Dear parent or carer,

A student from the School of Education of the University of Applied Sciences Northwestern Switzerland is currently teaching in your child's class.

They would like to record parts of their lessons with audio or video devices in order to better analyse and assess their teaching. This could mean that your child is recorded or filmed in the process. The University of Applied Sciences Northwestern Switzerland assures you that the data recorded will be handled confidentially. The data will only be used for the assessment of both the student and the study programme by the institute management or its staff and will be deleted afterwards. The audio and video recordings will not be published in any way.

We kindly ask you to sign the attached consent form giving permission to the student to do audio and/or video recordings in the class of your child. Please do not hesitate to contact us if you have any questions (videoportfolio.ip.ph@fhnw.ch).

Sincerely,

|  |  |
| --- | --- |
| School of EducationUniversity of Applied Sciences Northwestern SwitzerlandInstitute of Primary Education Tanja Faëdi & Martina Rüefli[Module co-leads of video portfolios]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name and signature of student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Consent form for parents or carers

Surname and first name of child:

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Surname and first name of parent, carer or legal guardian:

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Please check the applicable box:

* I give permission for video and/or audio recording to be done in the class of my child for the purposes stated in the letter above.

or

* I do not give permission for video and/or audio recording to be done in the class of my child.

Place, date Signature

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**Please return the consent form to the student teaching in the class of your child.**