



Verification of Videotaping Permission

Student _____ Semester _____ Year _____

School _____ District _____ Cooperating Teacher _____

Experience (check one)

- Practicum I Professor(s) _____
- Practicum II Professor(s) _____
- Clinical Teaching University Supervisor _____

In order to be able to complete the TEA requirement to reflect on their teaching, all CTX students are required to videotape themselves during their fieldwork and clinical teaching experiences.

Please indicate how you are meeting the videotaping permission requirement on your campus

- All of the students in my class have already completed the local/district permission form or the CTX video permission form and can be included in a video for educational purposes
- All of the students in my class have already completed the local/district permission form or the CTX video permission form and can be included in a video for educational purposes except the students listed below who will not be visible in any tapings of the student teacher:

_____	_____
_____	_____
_____	_____
_____	_____

Signature

Date

Student Teacher _____

Cooperating Teacher _____
