



### 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:

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

Student: \_\_\_\_\_

Signature

\_\_\_\_\_

Date