

Internship in Special Education

INFORMED CONSENT FOR USE OF CLASS VIDEO

This form is to obtain your consent for use of a video, which shows 30-60 minutes of classroom instruction during the **Internship in Special Education**. This video will be used in a portfolio to be evaluated by the university instructor. The portfolio is a collection of documents that demonstrates skills and procedures in teaching students with disabilities.

If you agree to allow your child to be videotaped and the video used for instructional purposes, please sign in the space provided below the following statement:

Student _____

I agree to allow the College of Education at Augusta State University to use this video for review in/during instruction of the Internship in Special Education course and the portfolio process. Any other viewing of this video will be a violation of confidentiality within the supervision and teaching process. I understand that this video will not be used in any manner other than what has been designated in this form.

Intern _____ **Date** _____

Student's parent(s) _____ **Date** _____

Supervising Instructor _____ **Date** _____