

STUDENT RELEASE FORM

(to be completed either by the parents/legal guardians of minor students involved in this project, or by students who are more than 18 years of age that are involved in this project)

Dear Parent/Guardian:

I am a classroom teacher consultant (TC) for the Great Valley Writing Project (GVWP). Reflecting on student work helps me examine and improve my teaching practice. As a TC, I often share my classroom practices (including samples of student work) with other teachers of writing. The primary purpose of this type of professional development is to enhance student learning and encourage excellence in teaching.

On occasion GVWP uses reproductions of student work and photographs of teaching demonstrations as evidence of teaching practice. The samples focus on the teacher's instruction, not on the students in the class. In the course of this academic year I will select classroom photographs and representative writing samples, which may include some of your child's work.

No student's last name will appear on any materials that are shared. The form below will be used to document your permission for these activities.

Sincerely,

(Consultant Signature)

PERMISSION SLIP

Student Name: _____ School/Teacher: _____

Your Address: _____

I am the parent/legal guardian of the child named above. I have received and read your letter regarding your work with colleagues and the Great Valley Writing Project, and agree to the following:

(Please check the appropriate boxes below.)

- I DO give permission to you to include my child's classroom work.
- I DO give permission to you to include my child's image as he or she participates in a class or demonstration.
- I DO NOT give permission to you to include my child's classroom work.
- I DO NOT give permission to you to include my child's image as he or she participates in a class or demonstration.

Signature of Parent or Guardian: _____ Date: _____

I am the student named above and am more than 18 years of age. I have read and understand the information given above. I understand that my performance is not being evaluated by GVWP and that my last name will not appear on any samples that may be shared.

- I DO give permission to you to include my image and/or to reproduce samples that I may produce as part of classroom activities.
- I DO NOT give permission to you to include my image and/or to reproduce samples that I may produce as part of classroom activities.

Signature of Student: _____ Date: _____

Date of Birth: _____ / _____ / _____