

**Office for Professional Learning**

Armidale, NSW 2351 Australia

Telephone (02) 6773 3898

www.une.edu.au

**INFORMATION AND CONSENT FORM**

**PRE-SERVICE TEACHER USE OF WRITTEN OBSERVATION AND PHOTOGRAPHS OF CHILDREN**

Dear (*insert parent/guardian name*),

I am a Teacher Education Student at the University of New England, studying for a Bachelor of (*insert degree title; BECP, BT ECE, Bed EC*). I am currently completing a unit *EDEC (insert unit code and name): PrEx (insert number of days) days.* As part of my work in this unit I am required to identify several focus children (guided by my centre supervising educator) to (*insert activity to be undertaken, for example, observe and document children’s learning, play and interactions, then implement appropriate planning*).

Your permission is sought for your child to be observed and for photographs to be taken of your child’s play and interactions. No identifiable photographs will be taken of your child, and names will be changed. The notes taken on child observations and the photographs of play and interactions will be used for the purposes of professional learning and assignment completion only.

Please complete and return this consent form, if you agree to your child’s involvement as outlined above.

I look forward to the opportunity to work with your child.

Yours sincerely,

(*insert Teacher Education Student’s name and signature*)

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I give permission for my child to be observed by a Teacher Education Student for academic and professional experience purposes only.

Yes No

I give permission for photographs of my child’s play and interactions to be taken by a Teacher Education Student and used for academic and professional experience purposes only. I understand no identifiable photographs will be taken of my child and names will be changed.

Yes No

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Teacher Education Student’s Name: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Supervising Educator Name: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**OR**

Use the Following table to seek permission for a group of Children

(Adjust the form as needed)

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name | Parent/Guardian Name | Signature | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Teacher Education Student’s Name: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Supervising Educator Name: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**NOTE:** If the parents prefer to give initials only, that should be fine.