

ABE Learner Consent Form

Dear ABE Learner:

I, _____, am applying for a teacher's license. As part of
Name of Teacher
the process, I must demonstrate my ability to teach and I would like to videotape this class.

In order to use the videotape of my teaching I must have your permission to record your voice and image. Your permission is optional.

Please read the following, and if you choose to participate, please sign below.

Thank you very much.

I give my permission to be videotaped as part of a class on _____
(date). I understand that:

- My participation is voluntary.
- The videotape will be looked at by a small number of other teachers who are trained to evaluate teachers.
- The videotape will not be used for any other purpose.
- My last name will not be used.

Signature of Student

Date

The following accommodation was made for the learner completing this form:

- Learner listened to an audiotaped version of this form
- The form was orally translated into the learner's primary language
- The written form was translated into the learner's primary language
- Other: Please specify _____