**Adult Basic Education Professional Teacher’s License**

***ABE Learner Consent Form***

Dear ABE Learner:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am applying for the ABE Teacher’s Professional

 Name of Teacher

License. As part of the process, I would like to record this class to demonstrate my ability to teach.

In order to use the video-recording of my teaching, I need your permission to record your voice and image. Your participation is voluntary and your permission is optional.

Please read the following two options. Check the box next to the option you choose and then sign and date the form.

Thank you very much.

**Option I:** I give my permission to be recorded on video as part of the class on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (date)

I understand that:

* my participation is voluntary,
* the video will be looked at by a small number of people who are trained to evaluate teachers,
* the video will not be used for any other purpose,
* my last name will not be used.

**Option II:** I do not want to participate in this recorded class.

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Signature of Student Date

This section is to be completed by the licensure candidate

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

 Learner listened to an audio-taped 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_