



University at Buffalo

# Teacher Residency Program

Graduate School of Education

Dear Caregivers:

I am a resident teacher pursuing NYS teacher certification through the UB Teacher Residency Program. Fulfilling the certification and program prerequisites involves successfully completing several exams and participating in a series of classroom observations.

To fulfill these requirements, I must submit video recordings of my teaching in your child's class. The focus of these recordings is my instruction and the intended purpose is to demonstrate my ability to support and improve student learning. These recordings of my instruction may also include students; however, the focus will be my instruction, not the students in the class. In the course of recording, your child may appear in the video. Students' first names may be used, but last names will not.

In addition to video recording, I may also be required to submit samples of student work as evidence of my teaching practice and to support professional learning, research evaluation, coaching, and self-reflection. This may include some of your child's work. Students' names will be completely removed should their work be included

The content of any video or student work will be used only for the purpose of my application for a teaching certification in NYS as well as for educational purposes and program improvement at the University at Buffalo. The videos will be stored in a private and secure, FERPA compliant platform.

Thank you for your consideration. Should you wish to learn more about the UB Teacher Residency Program, please visit <http://ed.buffalo.edu/residency.html> or contact [ubtr@buffalo.edu](mailto:ubtr@buffalo.edu).

Sincerely,

UB Teacher Resident: \_\_\_\_\_

Contact Information (email): \_\_\_\_\_

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**Please return this form by \_\_\_\_\_ if you consent to video recordings of your child OR use of student work for the purposes of applying for teacher certification or for educational purposes at the University at Buffalo. If you do not return this form, video recordings and student work may be submitted for certification and program-related use only.**

I DO NOT consent to video recordings and use of student work.

I DO consent to video recordings and use of student work.

Student Name: \_\_\_\_\_

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