Timberlane Regional School District

PERMISSION FOR VIDEO AND AUDIO RECORDING
FOR INSTRUCTIONAL PURPOSES

Dear Parent/Guardian:

In the past, we have been able to record your child in classrooms for instructional purposes. With the passage of a new law, we are now required to request your permission to record your child while in the classroom. Please see the explanation below:

RSA 189:68, IV, states: “No school shall record in any way a school classroom for any purpose without school board approval after a public hearing, and without written consent of the teacher and the parent or legal guardian of each affected student.”

There are many reasons why educators would use or allow the use of recordings in classrooms. Some of these valuable uses include, but are not limited to:

- Video or audio recording as part of an instructional lesson or practice;
- Recording classes when students are absent or unable to take notes;
- Student practice work in a photography and videography course;
- Recording a speech therapy session to evaluate a student’s progress;
- Creating a video presentation as part of any academic class;
- Videotaping student teachers for teacher education coursework;
- Videotaping a drama class (play) or music class for instructional purposes; and/or
- Instructional or assessment support for students with disabilities and/or students needing accommodations.

I have read the Timberlane Regional School District policy on Video and Audio Recording in School Classrooms (IAB). I give permission to Timberlane Regional School District to conduct video and audio recording in my son or daughter’s classrooms for instructional purposes in accord with that policy.

*************************************************

Please sign a form for each child and return it to the school. If you need further information or have questions, you can contact the Principal at the school.

Permission Granted:
I consent to the recording of my son/daughter’s voice or image in the classroom for instructional purposes.
Child’s Name: _______________________________ Grade: _______________

Dated ___________________________  Parent/Guardian Signature

Permission Withheld:
I do not consent to the recording of my son/daughter’s voice or image in the classroom for instructional purposes.
Child’s Name: _______________________________ Grade: _______________

Dated ___________________________  Parent/Guardian Signature

October 23, 2015