

## Literacy Collaborative Parental Permission Form

Dear \_\_\_\_\_

Date \_\_\_\_\_

Our school is participating in a whole school literacy initiative with Lesley University. The project, Literacy Collaborative, is designed to improve literacy teaching throughout the school, resulting in better outcomes for all students.

As the Literacy Coach I will be collecting photos, video footage, and examples of my teaching and examples of student work to support my work and the learning of other teachers/professionals. **I would like your permission to videotape, audiotape, and/or photograph your child as part of the regular classroom literacy activities.**

The photos, video footage, audiotapes, and work samples may be shared with other teachers and professionals in the field of education for educational purposes only. Video footage may be shared with other Literacy Collaborative professionals under password-protected areas of the website and will not be available to the general public for viewing or purchase. They may be used for the training of teachers during professional development offerings.

Separately, if we are also granted your permission to do so, photos and work samples may be used on our national and university websites. Only first names of students will be used and the name of the school will not be released. You can take a look at the websites at [www.literacycollaborative.org](http://www.literacycollaborative.org) and [www.lesley.edu/crr](http://www.lesley.edu/crr).

It is extremely helpful to be able to share examples of students involved in high quality literacy learning with other teachers and students. We would greatly appreciate your assistance in making this possible. Three copies of this request are enclosed. Please sign all copies, one for the school records, the second for the University's records, and the third copy is for you to keep. If you have any questions, please feel free to contact the literacy coach at our school, or Toni Czekanski, Lesley University, [tczekans@lesley.edu](mailto:tczekans@lesley.edu). Thank you for your support.

---

## Literacy Collaborative Parental Permission Form

I hereby certify that I am the parent/guardian of \_\_\_\_\_, a minor under the age of eighteen years.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Address

**Please complete other side**

# Literacy Collaborative Parental Permission Form

## Professional Development, Face to Face, or Online Password Protected Course Site

\_\_\_\_ Yes, I grant permission to the school and/or Lesley University to use photos, video footage, audiotape, and work samples of my child \_\_\_\_\_. The photos, video footage, audiotape, and work samples will be used for **educational purposes only and may be shared with other teaching professionals:**

- **during university class time**
- **during onsite professional development**
- **on password protected areas of the online course website**

Images and/or audio of my child and/or my child's work samples **will not be available to the general public** for viewing or purchase. Only first names of students may be used and the name of the school will not appear.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

---

## Public Online Environment

\_\_\_\_ Yes, I grant permission to the school, Lesley University, and the National Literacy Collaborative Trademark Committee to use photos, video footage, audiotape, and work samples of my child, \_\_\_\_\_. The photos, video footage, audiotape, and work samples may be viewed by the general public and will be used:

- for **educational purposes only**
- **on our University and/or National Literacy Collaborative websites ([www.lesley.edu/crr](http://www.lesley.edu/crr) and/or [www.literacycollaborative.org](http://www.literacycollaborative.org))** as a way to share the literacy work that we do with students and teachers.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

---

## No Permission

\_\_\_\_ No, I do not grant permission to the school and /or Lesley University to use photos, video footage, audiotape, and/or work samples of my child for any purpose.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**Please complete other side**