Teacher Video Agreement

Please read and sign to indicate understanding of the following:

- I understand that no live teaching episode may be filmed without my permission.
- I may choose to submit a video capture in lieu of a live observation (please refer to Video Observation protocol for specific directions http://vlp.scsk12.org/cloud/index.php/s/MR9jjPiY6e3AICJ).
- I may choose to agree to add a capture to the district library of best practice or Edivate group.
- I may choose to remove a shared video capture from the district library or Edivate group at any time.
- If I choose to upload videos, I will be provided access through Edivate to view the videos of my classroom for my own purposes.
- I will honor media release forms for students in my classes and ensure students without consent do not participate in video capture activities or are obscured from the view of the camera.

Shelby County Schools, the Department of Teacher Support and Professional Development, and the Academic Office wants to make sure that you are treated in a fair and respectful manner. Please contact Emily Vuoso, if you have any concerns or questions at vuosoeb@scsk12.org or (901) 416-5930.

RETURN COMPLETED CONSENT FORMS TO your Principal
Please keep signed forms on file at your school

_____	_____
Signature of Teacher	Date
_____	_____
Name (Please Print)	School
_____	_____
Classroom Telephone Number	School E-mail Address
_____	_____
Other Telephone Number	Other E-mail Address
_____	_____
Best Time(s) to Reach Me	Best Way to Reach Me (specify email, phone, or other)