**Early Childhood Teacher Education**

**Associate Teacher Permission Verification Form**

I………………………………………………..........................……. (Associate Teacher’s name)

of…………….......................…………………………………………………… (Name of kindergarten/centre)

verify that ………………….......................…………………………………………………… (Student’s name)

has been granted permission from the parent/caregiver to:

 observe Yes / No

 use video recording Yes / No

 take photographs Yes / No

of their child/children. The parent/caregiver understand these observations, recordings and/or photographs form part of the student’s work which is marked by lecturers at Victoria University of Wellington, Faculty of Education and is not viewed by any other person.

If photographs contain any other child or children, permission MUST be obtained from the parent and/or caregiver of every child.

………………………………………….............………………… Signature of Associate Teacher

(This is the **only** form to be submitted with the student’s assignment. Permission from parents **should not** be submitted and needs to be left at the centre).

**Early Childhood Teacher Education**

**Parent/Caregiver Permission Form**

I…………………………......................………………………………………………... (Parent/caregiver name)

give ……….………………………………………………………..............………. (Student’s name)

permission to:

 observe Yes / No

 use video recording Yes / No

 take photographs Yes / No

of my child/children. I understand these observations and/or photographs form part of the student’s work which is marked by lecturers at Victoria University of Wellington and is not viewed by any other person.

If photographs contain any other child or children, permission MUST be obtained from the parent and/or caregiver of every child.

……………………………………….......................................... Signature of parent or caregiver