



Notification of Video and Audio Recording

During the school year, all classroom instruction that is conducted through interactive videoconferencing (e.g. Google Meet, Zoom, Skype) may be video and audio recorded. This learning format enables students to see, hear, and speak with teachers and students, and allows for participation in real-time learning activities without being physically present in the classroom.

Recordings will be made by the teacher for instructional purposes only and will not be utilized for evaluative purposes.

Access to the recording will only be provided by the teacher to students of the class who are currently enrolled in instruction, except where expressly permitted by each participant and their legal guardian. All recordings of instruction where students are present will be deleted by the teacher or district within 30 days of the completion of the class or the end of the school year.

Any use of sharing of recordings for purposes beyond a student's personal instructional use is strictly prohibited and will be considered cause for disciplinary or legal action.

In order for your student to participate fully in this interactive videoconferencing, the School District requires your written consent. Please read all statements below, and return this signed form.

PLEASE CHECK ONE (1) OF THE THREE (3) OPTIONS BELOW:

- I consent to having my student participate fully in interactive videoconferencing. I understand that my signature below indicates that my student's voice, presence, participation, and electronic recording of these classes will not be a violation of my student's or my personal rights and hereby release any claims for the use of such.*

- I would prefer that my student(s) not be seen or heard during the videoconference, but that they are still able to participate. I understand that it is my student's responsibility to disable camera and/or microphone functions when joining a classroom video conference.*

- I do not give permission for my student(s) to participate in videoconferencing. I understand that this will restrict my student's real-time participation in classroom learning activities.*

Student Name(s) _____

Parent/Guardian Signature _____ Date: _____