

Clearview Local Schools
Form V: Video Submission

Videotaping an observation is strictly an option on the part of the teacher

VIDEO SUBMISSION DATE:

Name:

Date of video:

Signature of administrator:

Signature designates video has been received by administration and will be used for the observation as part of the evaluation process. It is further understood that this video is for instructional purposes, may not be used for disciplinary action, may only be viewed by the building administrator, and cannot be distributed without the consent of the teacher to any other person, group, or organization. The teacher is the sole owner of the video.

Signature of Teacher

Date

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- ☐ **RELEASE OF VIDEO:** I, _____, release my video to Clearview Local Schools. I understand that my video may be viewed by any personnel of Clearview Local Schools for instructional and professional development purposes. The video is not for mass distribution, nor for sharing outside of the district without written permission of teacher.

Signature of Teacher

Date

- ☐ **DENYING RELEASE OF VIDEO:** I, _____, **DO NOT** give permission for my video to be released to Clearview Local Schools. I wish for my video to strictly be viewed by my evaluator and then returned to me. I understand that by doing this, my video cannot and will not be used for instructional or professional development purposes.

Signature of Teacher

Date

Disclaimer: OEA legal council does not recommend the use of videotape for the purposes of evaluation