

## PARTICIPANT RELEASE FORM

To further the interest of education and research, I, \_\_\_\_\_, do hereby give my consent to be videotaped as a participant in the group-based Incredible Years teacher training workshop or during coach-teacher meetings. The purpose of this videotaping is to be able to supervise and give feedback to the Incredible Years group leader, mentor or coach.

I understand that I may be asked to demonstrate a variety of teaching techniques which will be used to illustrate both appropriate and inappropriate ways of dealing with children. I understand that this is not in any way a reflection on my own competence as a teacher. I also understand that in the interest of my own privacy I will not be identified by name and that I will not refer to my students in discussions by their full name.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

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