



TO: Parents and Guardians

SUBJECT: Release Form –Action Research Inquiry-Based Project

As a student teacher, I must participate in the Action Research Inquiry-Based Project to complete the requirements of Missouri Baptist University’s Teacher Education Program.

This project is designed to provide me with experiences to enhance my development as a teacher. This project is completed in the classroom under the supervision of my cooperating teacher/mentor. As a part of this project, I will be providing a Missouri Baptist University instructor with samples of student work and responses to questions as evidence of my progress to becoming an effective classroom teacher. Your child’s work may be part of what I submit as evidence of my growth as a teacher. No names will be included on any work which is submitted.

The material used in this project will only be used by the cooperating teacher/mentor, the university instructor, and me.

Please complete and sign the bottom of this form to document your permission for using your child’s work, if needed, to complete the Action Research Inquiry-Based Project.

Thank you.

\_\_\_\_\_  
Student Teacher’s Name

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I, as parent/guardian of \_\_\_\_\_ give my permission for samples  
(Child’s Name)  
of my child’s class work to be used for the student teacher’s completion of the Action Research Inquiry-Based Project.

\_\_\_\_\_  
(Parent/Guardian’s Name Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian’s Name Printed)