**Informed Consent**

This year our class will be using FreshGrade

This product allows us to capture evidence of learning in the classroom. Very shortly, with your consent, you will have the opportunity to begin receiving ongoing information regarding your child’s learning via an online portfolio. This information may take the form of informal notes, pictures, or links to video or audio. You will receive these updates via email, or through the product’s app, if you so choose. Feedback you receive will detail:

· Your child’s accomplishments

· Areas of learning that need attention

· Ways you can support your child’s learning

**Benefits of using FreshGrade**

* Consistent, real time, communication about your child's progress and learning
* Provide opportunities to comment, interact, and support your childs learning
* Allows teacher to track progress of students and monitor learning in real time
* Allow students to learn skills otherwise unavailable to them
* Document student learning from cross curricular sources

**Why the need for a permission slip?**

As a BC teacher, I am subject to the BC Freedom of Information and Protection of Privacy Act [http://www.bclaws.ca/Recon/document/ID/freeside/96165\_00]. In accordance with this Act, I must ensure that I protect the privacy of all students under my care. As such, I cannot use personal and identifiable information of a student (e.g., first name, last name, school, grade, teacher, class, etc.) including student work without written consent of the student’s parent or guardian. Below are possible identifiable privacy risks and ways to minimize them. In the same way that you can request a child not participate in a field trip, you can opt out of these activities on behalf of your child and they will be provided alternative work with no impact on grading or assessment.

Please keep page one for your records and complete page 2 to be sent back to me for my records. Thank you.

**Teacher Name**

**Contact Information**

Please choose one of the following, if you feel that you do not have enough information to make an informed decision, please contact me to discuss further:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

agree to the collection, use, disclosure and storage of my child’s personal information inside Canada while using the technology described above for the purposes of engaging in the class activities described above. I am aware of and understand the identifiable privacy risks as described above and will support the classroom teacher in minimizing the exposure of my child’s and other people’s personal information while my child is using the technology and review materials the teacher provides.

Student accounts will be deleted no later than June 30th, 2015 or upon written request of the parent at any time. Students will be allowed to download and save any work or data they wish before deletion. Student accounts will also be deleted immediately if the student is withdrawn or unenrolled from the course.

**OR**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do **NOT** agree to the collection, use, disclosure and storage of my child’s personal information inside of Canada while using the technology described above for the purposes of engaging in the class activities described above and request that an alternative activity be provided for him/her.

|  |  |
| --- | --- |
|  | By checking the box on the left, I request that my child **NOT** participate in the FreshGrade activities and ask that an alternative activity be provided for him/her |

This consent is valid for the duration of the student’s participation in Mr. Leeming’s Infotech 9 Course at Mount Sentinel school unless revoked by me in writing and delivered to the teacher.

We understand the privacy risks and management strategies as they have been shared with us.

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Parent Signature                                                                                  Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature                                                                                Date

Received by teacher on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_