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## Video Assessment Permission Form

Your name:

Learner's name (anonymised):

Learner's Date of Birth:

Date of session:

### Permission for video recording granted

The purpose of the video recording has been made clear to each of the relevant parties below:

Signature indicating parental consent (where required\*):

Learner's signature:

Your contact details:

Address:

Telephone:

e-mail:

THE PROFESSIONAL  
ASSOCIATION  
OF TEACHERS  
OF STUDENTS  
WITH SPECIFIC  
LEARNING  
DIFFICULTIES

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