Dear Parent/Guardian:

I am a teacher Candidate in your child’s classroom and am completing my degree to become a teacher. As part of my degree requirements, I must complete a teaching assessment called the Teacher Performance Assessment (edTPA). This assessment includes a video of me teaching a series of lessons in the classroom and examples of student work completed.

The video recordings will be used solely for purposes of evaluating my instruction and for improving teacher preparation programs. The primary focus of the video will be my instruction, not on the students in the class. The only people who see the videos are teachers at the school, scorers trained to evaluate my instruction, and my university faculty and supervisors. The recordings will not appear on the internet or in any public settings.

In the course of video recording my teaching, with your permission, your child may appear on the video. If you choose not to give your permission, then your child will still participate in the classroom instruction as usual. She or he will just be seated out of camera range.

Along with the video recording of my instruction, I will collect samples of student work to submit as evidence of my teaching practice. With your permission, the samples may include some of your child’s work. No student’s name will appear on any materials that are submitted, and materials will be kept confidential and under secure conditions. The work samples may also be used by test developers for Teacher Performance Assessment development and implementation.

The following form is a request for your consent to include both your child in the video and her or his class work. Please complete the form and return it to your child’s classroom. You may retain this top section for your reference. If you have any questions about the use of this video or your child’s class work, please contact my academic advisor, Liz White at 541- 737-8583

Sincerely,

**RELEASE FORM FOR STUDENT PARTICIPATION**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_

Student’s school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the parent or legal guardian of the child named above. I have read and understand the project described in the letter provided at the top of this form, and agree to the following (please check the appropriate line below):

\_\_\_ **I DO** give permission for my child to appear on video recordings and my child’s class work to be used in the Teacher Performance Assessment of [Student Teacher]. I understand that my child’s name and any other personally identifiable information about my child will not appear on any of the submitted materials.

\_\_\_ **I DO NOT** give permission for my child to appear on video recordings and my child’s class work to be used in the Teacher Performance Assessment of [Student Teacher] and understand that my child will be seated outside of the recorded activities.

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE FORM FOR STUDENT PARTICIPATION**

(for students who are 18 years or older)

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_

Student’s school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the student named above and am at least 18 years of age. I have read and understand the project described in the letter provided at the top of this form, and agree to the following (please check the appropriate line below):

\_\_\_ I am at least 18 years of age and DO give permission to for me to appear on video recordings and for my class work to be used in the Teacher Performance Assessment of [Student Teacher]. I understand that my name and any other personally identifiable information about me will not appear on any of the submitted materials.

\_\_\_ I am at least 18 years of age and DO NOT give permission for me to appear on video recordings and for my class work to be used in the Teacher Performance Assessment of [Student Teacher] and understand that I will be seated outside of the recorded activities.

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth of Student: \_\_/\_\_/\_\_\_\_

**LETTER AND RELEASE FORM FOR TEACHER CANDIDATE PARTICIPATION**

Dear Teacher Candidate:

As part of the Teacher Performance Assessment (edTPA) assessment, you are required to submit video recordings of your in-class instruction. You will need to obtain signed permission slips from any student who is shown in the video. The signed forms must be collected before you tape your lessons.

We also need signed permission from teacher candidates before we can evaluate candidate videos. This form allows [name of teacher prep program] to review and retain your edTPA videotape. We are also requesting that you give us permission to use the video for training purposes, should the need arise. These videos are used only under strictly supervised circumstances and will not be viewed or released outside of [name of teacher prep program].

Below is the permission form for you to sign. Please return the form to [location] by [date].

We hope you have a positive experience with the edTPA assessment.

Sincerely,

[Faculty of Teacher Preparation Program]

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**TEACHER CANDIDATE PERMISSION FORM**

Candidate Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cooperating School/Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□** I give permission for my video recording to be reviewed for evaluating my teaching skills within the edTPA Assessment.

**□** I give permission for my video recording to be reviewed for edTPA Assessment training.

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

Signature of Candidate Date