

**Video Recording Assignment
Teacher Performance Assessment
Student Release Form**

(To be completed by the parents/legal guardians of minor students involved in this project)

Dear Parent/Guardian:

I am a teacher candidate at The College of Saint Scholastica and am participating in a nationwide effort and state requirement to ensure that teachers beginning their careers are truly prepared to teach effectively. This initiative revolves around the edTPA™ assessment process, which requires teacher candidates to demonstrate the skills needed to enter the classroom ready to help all their students learn.

Part of the initiative includes video recording how I teach. Although the video recording will show both the teacher (me) and some children, the primary focus is on me, not on the children in the class. Also, I may be sending in samples of your child's work (with the name removed) as evidence of how I teach.

If you agree, this video recording (10-15 minutes long) of me teaching may be reviewed by your child's classroom teacher, my college supervisor and me. Then the recording will be viewed by Pearson/Stanford Center for Assessment, Learning and Equity who will score my teaching. The video recording will not be shown to anybody else.

No student's last name will be on the video recording or any work samples. The form below will be used to document your permission for these activities.

Sincerely, _____ Date _____
(Teacher Candidate)

PERMISSION SLIP

Pupil Name: _____

School and Teacher: _____

I am the parent/legal guardian of the child named above. I have received and read your letter regarding a teacher assessment required for teacher candidates.

(Please check the appropriate box below.)

I DO give permission to you to include my child's image on video recordings as he or she participates in a class and/or to reproduce materials that my child may produce as part of classroom activities. No last names will appear on any materials submitted by the teacher.

I DO NOT give permission to video record my child or to reproduce materials that my child may produce as part of classroom activities.

Signature of Parent or Guardian: _____ **Date:** _____