



To: Parents & Guardians

Topic: Student Release Form – edTPA Teacher Certification Assessment

From: _____ Educator Preparation Program Candidate

_____ Institution

_____ Cooperating Teacher _____ (School)

_____ Building Principal, _____ (School)

Date: _____

I am a candidate in an initial teacher preparation program that is implementing edTPA (Teacher Performance Assessment), a national performance assessment for prospective teachers. Successful completion of this assessment is a requirement for teacher certification in Alabama, beginning September 1, 2018.

This project includes submission of short video recording of my teaching abilities in your child’s class. Although the video recordings involve both me and various students, the primary focus is upon my instruction not on the students within the class. In the course of taping, your child may appear on the video recordings. The videotaped lesson will be used for me to reflect on my teaching practice as part of the edTPA and will be loaded in a secure, password-protected electronic course management system. Also, I may submit samples of student work as evidence of my teaching practice, and that work may include some of your child’s work. Student names will not appear on any materials that are submitted.

Faculty, cooperating teachers, and/or teacher candidates associated with the program at _____ (Institution) and faculty associated with edTPA may see my video and student work samples. These materials will be viewed under secure, password-protected conditions, never posted on publicly accessible websites, and will never reveal identities of children, schools, or districts.

This form continues on the next page and will be used to document your permission for your child’s participation in these activities.

| Student Permission Slip edTPA Teacher Certification Assessments Tasks Please Complete and Return to your Child's Teacher on or before _____ (date) | |
|--|---|
| Student Name: | Student's Date of Birth: |
| Street Address: | School: |
| City/State/Zip Code: | Teacher: |
| I am the parent/legal guardian of the child named above. I have received and read the letter regarding a teacher assessment being conducted by _____ (Institution), and agree to the following: <i>(Please initial beside either I DO or I DO NOT box below.) Your child will not be penalized if you choose: I DO NOT give permission."</i> | |
| | I <u>DO</u> give permission to include my child's image on video recordings as he or she participates in class conducted at my child's school by the aforementioned institution and/or to reproduce materials that my child may have completed as part of the classroom activities. No student's name will appear on any materials submitted by the student teacher. |
| | I <u>DO NOT</u> give permission to video record my child or reproduce materials that my child may have completed as part of classroom activities. |
| Parent/Guardian Signature: | Date: |
| Students More Than 18 Years of Age Permission Slip edTPA Teacher Certification Assessments Tasks Please Complete and Return to your Teacher on or before _____ (date) | |
| Student Name: | Student's Date of Birth: |
| Street Address: | School: |
| City/State/Zip Code: | Teacher: |
| I am the parent/legal guardian of the child named above. I have received and read the letter regarding a teacher assessment being conducted by _____ (Institution), and agree to the following: <i>(Please initial beside either I DO or I DO NOT box below.) Your child will not be penalized if you choose: I DO NOT give permission."</i> | |
| | I <u>DO</u> give permission to include my child's image on video recordings as he or she participates in class conducted at my school by the aforementioned institution and/or to reproduce materials that my child may have completed as part of the classroom activities. No student's name will appear on any materials submitted by the student teacher. |
| | I <u>DO NOT</u> give permission to video record my child or reproduce materials that my child may have completed as part of classroom activities. |
| Student Signature: | Date: |