

To: Parents & Guardians		
Topic: Student Release Form – edTPA	Γeacher Certification Assessment	
From:	Educator Preparation Program	n Candidate
	Institution	
	Cooperating Teacher	(School)
	Building Principal,	(School)
Date:		
I am a candidate in an initial teacher p	preparation program that is implementing	ng edTPA (Teacher Performance
Assessment), a national performance a	assessment for prospective teachers.	Successful completion of this
assessment is a requirement for teacher c	ertification in Alabama, beginning Sep	tember 1, 2018.
This project includes submission of	short video recording of my teaching	g abilities in your child's class.
Although the video recordings involve b	oth me and various students, the prima	ary focus is upon my instruction
not on the students within the class. In th	ne course of taping, your child may app	ear 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 electron		
work as evidence of my teaching practice		•
will not appear on any materials that are	•	our china 5 work. Student numes
will not appear on any materials that are	submitted.	
Faculty, cooperating teachers, a	and/or teacher candidates associa	ated with the program at
(Institution) as	nd faculty associated with edTPA may	see my video and student work
samples. These materials will be viewed	under secure, password-protected con-	ditions, never posted on publicly
accessible websites, and will never revea	l identities of children, schools, or distr	ricts.
This form continues on the next page and	will be used to document your permiss	sion 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:	se Complete and Return to your Child	d's Teacher on or before (date) Student's Date of Birth:	
Student Name.		Student's Date of Birtin.	
Street Address:		School:	
Street Address.		School.	
City/State/Zip Code:		Teacher:	
City/State/Zip Code.		Toucher.	
I am the parent/	legal guardian of the child named abov	e. I have received and read the letter regarding a	
	ent being conducted by	(Institution), and agree to the	
following: (Please initial beside either IDO or IDO NOT box below.) Your child will not be penalized if			
	OO NOT give permission.")		
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		child's school by the aforementioned institution and/or	
to reproduce materials that my child may have completed as part of the classroom activities		hay 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	n Signature:	Date:	
	Students More Than 19 V	pars of Aga Darmissian Clin	
		ears of Age Permission Slip ation Assessments Tasks	
I	edTPA Teacher Certific	ation Assessments Tasks	
Student Name:		ation Assessments Tasks	
	edTPA Teacher Certific	ation Assessments Tasks [eacher on or before (date)	
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Student Name:	edTPA Teacher Certific	ation Assessments Tasks Feacher on or before (date) Student's Date of Birth:	
Student Name:	edTPA Teacher Certific Please Complete and Return to your I	ation Assessments Tasks Feacher on or before (date) Student's Date of Birth:	
Student Name: Street Address:	edTPA Teacher Certific Please Complete and Return to your I	Assessments Tasks Feacher on or before	
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