

Teacher Performance Assessment Student Consent To Participate

Dear Parent/Guardian:

I am a Teacher Candidate from _____. I am doing my student teaching in your child's class. To complete my teacher licensing program, I need to submit a video of myself teaching and some examples of work that the students have completed as part of the Teacher Performance Assessment. I am asking for your permission to include your child in the video of my teaching and to include your child's class work in my Teacher Performance Assessment.

The video and the students' work will be:

- Kept confidential (all names will be removed from the students' work)
- Used to assess my performance as a teacher, not your child's performance
- Viewed in my teacher licensing program courses for feedback to me to improve my teaching
- Submitted to be scored by trained scorers through a password protected website
- Possibly selected to train future scorers of the Teacher Performance Assessment
- Destroyed and deleted when they are no longer needed for the Teacher Performance Assessment

If you choose to not allow your child's image and work to be included in the Teacher Performance Assessment, he or she will still have instructional activities on the same learning goals as all other students. Thank you for this opportunity to learn to teach with your child's teacher and for allowing me to become an effective teacher by closely studying myself teaching through this performance assessment.

Sincerely,

(Teacher Candidate Signature)

CONSENT by Parent or Guardian of students under 18 years old

I am the parent/legal guardian of the child named below. I understand the use of my child's image, voice, and work samples for the Teacher Performance Assessment as described in the letter above.

_____ I DO give permission to include my child's image and voice on video recordings and my child's regular classroom work for the Teacher Performance Assessment.

_____ I DO NOT give permission to video my child or to use my child's classroom work for the Teacher Performance Assessment.

Student's name: _____ Student's School: _____

Signature of Parent or Guardian: _____ Date: _____

CONSENT by students more than 18 years old

I understand the use of my image, voice, and work samples for the Teacher Performance Assessment as described above.

_____ I DO give permission to include my image and voice on video recordings and my regular classroom work for the Teacher Performance Assessment.

_____ I DO NOT give permission to video me or to use my classroom work for the Teacher Performance Assessment.

Student's name: _____ Student's School: _____

Signature of Student: _____ Date: _____ Date of Birth: ____}__}__