**Teacher Performance Assessment**

**State of Washington Field Test**

**STUDENT PERMISSION AND RELEASE FORM**

(To be completed by the parents /legal guardians of minor students involved in this project, or by students who are 18 or more years of age involved in this project)

Dear Parent/Guardian:

I am a student teacher in your child’s classroom. I am required as a candidate for teacher certification to participate in the field test of an assessment of teacher candidates. This field test is being conducted by Evaluation Systems of Pearson Education, Inc. in collaboration with state and national representatives, including representatives from Washington. The primary purpose of this field test is to develop a nationally available assessment of teaching that can measure and lead to the improvement of the performance of teacher candidates.

The field test of this assessment requires that I include short video recordings of lessons taught in your child’s class in my assessment portfolio. Although the video recordings involve both the teacher and students, the primary focus will be on my instruction. During the taping, your child may appear on the video recordings. I must also submit samples of student work as evidence of my teaching practices, which may include some of your child’s work. In addition to submitting a portfolio of my work to Pearson, which includes the video clips and student work, I will also provide copies of my portfolio to the Master in Teaching Program (MiT) at The Evergreen State College. The teacher education faculty at Evergreen will review my materials as a way to verify and/or improve instruction in MiT.

No student’s last name will appear on any materials that are submitted. The attached form will be used to document your permission for these activities. Please sign and return the form by the end of this week.

Thank you for your help.

Sincerely,

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

(Teacher Candidate Signature)

**PERMISSION SLIP - PARENT OR LEGAL GUARDIAN**

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School/Teacher**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am the parent/legal guardian of the child named above. I have received and read your letter regarding a teacher assessment being field tested in Washington schools and agree to the following:** (Please check the appropriate box below.)

I DO give permission for you to include my child’s image on video recordings as he/she

participates in a class at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_conducted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of School) (Name of Teacher Candidate)

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 candidate.

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

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

**PERMISSION SLIP – STUDENT 18 OR OLDER**

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School/Teacher**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am the student named above. I have read and understood your attached letter about the teacher assessment field test in Washington schools. I understand that my performance is not being evaluated by this project and that my last name will not appear on any materials that may be submitted. I agree to the following:** (Please check the appropriate box below.)

I DO give permission for you to include my image on video recordings as I participate in this class at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_conducted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of School) (Name of Teacher Candidate)

and/or to reproduce materials that I may produce as part of classroom activities.

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

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