

Teacher Performance Assessment (edTPA)

Student Consent Form

Dear Parent/Guardian:

As a student teacher in your child's classroom, I will be evaluated using the Teacher Performance Assessment (edTPA), an instrument that is currently being implemented for use in Washington. The primary purpose of this assessment is to develop a valid and reliable assessment that can measure the performance of future teachers and lead to improvement of the programs that prepare them.

Although the purpose of the assessment is to evaluate my teaching, the project will include short video recordings of lessons taught in your child's class, as well as samples of student work. In the course of taping, with your permission, your child may appear on the video recordings. If you choose not to give your permission, then your child will still participate in the classroom instruction as usual. S/He will just be seated out of camera range. Also, I will submit anonymous samples of student work as evidence of teaching practice, and that work may include some of your child's work.

The video recordings will be used solely for purposes of evaluating my instruction and for improving teacher preparation programs. The only people who see them will be teachers at the school, scorers trained by Pearson Testing, and university faculty and supervisors. The recordings will not appear on the Internet or in other public settings. Any samples of student work that I collect for this assessment will not contain the student's last name.

Sincerely,

(Teacher Candidate Signature)

PERMISSION SLIP

Student Name: _____

School/Teacher: _____

Your Address: _____

I am the parent/legal guardian of the child named above. I have received and read the project description given upon regarding the Teacher Performance Assessment (edTPA), and agree to the following:

(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 conducted at _____ by

(Name of School)

(Teacher's Name)

and/or to reproduce materials that my child may produce as part of classroom activities. No last names of any child 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: _____

I am the student named above and am more than 18 years of age. I have read and understand the project description given above. 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 DO give permission to you to include my image on video recordings as I participate in this class and/or to reproduce materials that I may produce as part of classroom activities.

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

Signature of Student: _____

Date: _____

Date of Birth: ____/____/____