

Teacher Performance Assessment (edTPA)

Student Consent 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:

As a student teacher in your child's classroom, I will be evaluated using the Teacher Performance Assessment, an instrument that is currently being developed for use in Washington and other states. 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.

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: _____