



*Educational Leaders for  
Constructive Social Change*

## **Teacher Performance Assessment (edTPA)**

### **Student Consent Form**

Dear Parent/Guardian:

As a student teacher in your son's/daughter's classroom, I will be evaluated using the Teacher Performance Assessment (edTPA), an instrument that is developed for use in Ohio and other states. The primary purpose is to provide a valid and reliable assessment that can measure the performance of future teachers and lead to improvement of the programs that prepare them.

The assessment is to evaluate my teaching and requires short video recordings of lessons taught in your son's/daughter's class, as well as samples of student work. In the course of taping, your child may appear on the video recordings in accordance with permissions provided to your school. Anonymous samples of student work will also be submitted as evidence of teaching practice.

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, Wittenberg University faculty and supervisors, and eventually nationally trained assessors of my performance. The recordings will not appear on the internet or in other public settings and must be destroyed once my performance is evaluated. The form attached will be used to document your permission for these activities.

Sincerely,

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**(Teacher Candidate Signature)**



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## PERMISSION SLIP for edTPA Video Taping

Student Name: \_\_\_\_\_

School/Teacher: \_\_\_\_\_

**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 \_\_\_\_\_

**(Name of School)**

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:** \_\_\_\_\_

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**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:** \_\_\_\_/\_\_\_\_/\_\_\_\_