To: Parents and Guardians
From: ________________, Student Teacher, Binghamton University
       ________________, Supervising Teacher (i.e., your child's teacher)
       ________________, Building Principal, ____________ School
       Dr. C. Beth Burch, Graduate School of Education, Binghamton University
Date: ____________
Topic: Student Permission Form: Videotaping for Educatve Teacher Performance Assessment (EdTPA)

Dear Parent or Guardian:

I am a student in the Graduate School of Education at Binghamton University, and I will be student teaching this semester in your child’s classroom. I look forward to the experience as it will help me become the very best teacher I can be while serving your child’s learning needs. My teaching work will be done under the close, daily supervision of your child’s certified teacher and with periodic visits from my university supervisor.

During student teaching I am required to document examples of my teaching in a video to be submitted to and scored by educators as part of a new state certification requirement known as the Educatve Teacher Performance Assessment (EdTPA). This video, which is designed to assist my development in becoming a teacher, is a state requirement for anyone interested in becoming a New York State certified teacher.

This requirement will include submissions of short video recordings of my teaching in your child’s class. In the course of taping the class, your child may appear on the video recordings. I must also submit samples of student work as evidence of my teaching practice, and that sample may include some of your child’s work. Although the video recordings may show various students and me in the classroom, the primary focus is upon my instruction and curriculum-embedded assessment, not on students; and any samples of student work will be de-identified and will not show your child’s name.

No student’s name will appear on any materials submitted, and materials will be kept confidential at all times. The video recordings and student work I submit will not be made public in any way; all videotapes will be uploaded to a secure site administered by the Pearson educational company (www.pearson.com) through a contract with the New York State Education Department.

Materials I submit will be reviewed by my program faculty at Binghamton University. My assessment materials may also be used by Pearson, under secure conditions, for program development and implementation, including scorer training, and supporting continued program improvement activities such as validity and reliability studies. The attached form is intended to document your permission to video-record your child for these activities.

Thank you for considering this request regarding my training to become a New York State certified teacher.

Sincerely,

_____________________________
(Signature/Teacher Education candidate)
Student Release Form
(To be completed either by the parents or legal guardians of minor students involved in this project or by students who are 18 or more years of age who are involved in this project.)

PERMISSION SLIP

Student Name: ____________________________________________

I am the parent/legal guardian of the child named above. I have read and understand the project description offered in the letter provided with this form, and agree to the following:

(Please check the appropriate choice below.)

_____ I DO give permission to you to include my child’s student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of performance assessment of my teaching abilities.

I understand that my child’s name and any other personally identifiable information about my child will not appear on any of the submitted materials.

_____ I DO NOT give permission to you to include my child’s student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose performance assessment of my teaching abilities.

Name of Parent or Guardian: ____________________________________ Date: ______________

Signature of Parent or Guardian: ____________________________________________

I am the student named above and I am more than 18 years of age. I have read and understand the project description offered in the letter provided with this form, and agree to the following:

_____ I DO give permission to you to include my student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of performance assessment of my teaching abilities. I understand that my name and any other personally identifiable information about me will not appear on any of the submitted materials.

_____ I DO NOT give permission to include my student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of performance assessment of my teaching abilities.

Signature of Student: ____________________________________________ Date: ______________

Student’s Date of Birth:
_____/_____/____