



Tennessee Tech
UNIVERSITY

Office of Teacher Education

Box 5092 • Cookeville, TN 38505-0001 • (931) 372-3170 • Fax (931) 372-6286

Dear Parent/Guardian:

I am a student teacher at Tennessee Technological University working in your child's classroom at _____. As a part of the evaluation process, TTU participates in the Teacher Performance Assessment (edTPA). The purpose of this evaluation is to allow teaching candidates the opportunity to demonstrate their ability to effectively teach subject matter to all students.

The performance assessment documents a series of lessons I teach in your child's classroom and includes short video recordings. The video recordings involve both teacher and various students; the primary focus, however, is on my instruction, not on the students in the class. In the course of the recording my teaching, your child may appear on the video. Also, I will collect samples of student work as evidence of my teaching practice, and that may include some of your child's work. In addition, some videos may be used in teacher education courses at TTU.

No student's name will appear on any materials that are 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. The materials I submit will be reviewed by my program at Tennessee Technological University, and my assessment will be scored by other educators.

The attached form will be used to document your permission for these activities. If you have any questions, please contact me at the school.

Sincerely,

Student Teacher

Student Release Form

Permission Slip

Student Name: _____

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

(Please check the appropriate box 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 evaluating your teaching practice.

I understand 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 of evaluating your teaching practice.

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 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. 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 the video(s) showing your classroom performance.

Signature of Student: _____ **Date:** _____

For Teacher Use Only

DOB: ____/____/____
DD MM YR

Initial: _____