

To: Parents & Guardians  
Topic: Student Permission Form – Videotaping for Education Teacher Performance Assessment (EdTPA)

From: \_\_\_\_\_, Student Teacher, Binghamton University  
\_\_\_\_\_, Supervising Teacher (i.e., your child's teacher)  
\_\_\_\_\_, Building Principal, \_\_\_\_\_ School  
Susan Strehle, Dean, Department of Education, Binghamton University

Date: \_\_\_\_\_

Dear Parent/ 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 am looking 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 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 Education Teacher Performance Assessment (edTPA). This video, while designed to assist my development in becoming a teacher, is necessary 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. Although the video recordings involve both me and various students, the primary focus is upon my instruction and curriculum-embedded assessment, not on the students in the 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.

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; all videotapes will be uploaded to a secure site administered by the Pearson educational company ([www.pearson.com](http://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 to support continued program improvement activities such as validity and reliability studies. The attached form is intended to document your permission to videorecord your child for these activities.

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

Sincerely,

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(Signature/Teacher Education candidate)

## Student Release Form

(to be completed either by the parents/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: \_\_\_\_\_

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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:

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