

Consent for Student Teacher Recording Video Clips and Collecting Student Work

Student Name: _____

School: _____

I, _____, am a student teacher from _____ and

currently serving in _____ classroom at _____ School. As part of my student teaching program and Illinois requirements for teacher licensure, I am required to submit video clips of my lessons, taught in-person or provided using Google Meets, as well as samples of student work. I am requesting your permission to use video clips of your child's classroom and provide copies of your child's work. Your student will not be asked to do anything outside of daily routine classroom activities. The primary focus of the recording is on my instruction, not the students in the class. No student names will appear on any materials that are submitted and no submissions will be made public. The purpose of the video clips as well as student work is for my student teaching to be evaluated by _____ (College/University) and for edTPA, a teacher performance assessment for teacher candidates required by the Illinois State Board of Education (ISBE). This video may be reviewed by my student teacher supervisor, who is an employee of my college or university. The edTPA materials will be submitted to and scored by educators in a secure environment operated by Pearson, an education services company. My university, ISBE and Pearson may also use the video clips and student work for additional educational purposes, including program improvements, assessment development and professional development. Any recordings should be destroyed by the end of the school year.

Allowing my use of videoclips is strictly voluntary and will have no impact on your child's grades or program placement. If

you have any questions, please feel free to contact my university at

_____.

Please Select One Option Below:

_____ I consent to (my child/me) being a part of recorded video clips and releasing copies of student work as described above. I also give permission for the student teacher's university, ISBE and Pearson to use any of these materials for educational purposes, including program improvements, assessment development, and professional development.

_____ I do NOT consent to (my child's/my) being in recorded video clips or releasing copies of student work. To accommodate this request, I am aware that (my child/I) may have (his or her/my) name or image edited out of the video during this project or may not be in a Google Meets classroom with the student teacher. I am aware that my choice to withhold consent will not affect my child's grades or program placement.

Signature of Parent or Guardian (or Student if age 18 or over)

Date