

Teacher Performance Assessment (edTPA™) – Release form for student participation (Clinical Experience)

Dear Parent/Guardian (or Student at least 18 years of age):

I am enrolled in the teacher preparation program at Northeastern Illinois University and am currently completing a **pre-student teaching clinical experience** in your child’s classroom. Illinois participates in edTPA™, which means that, in order to complete my pre-student teaching clinical assignment, I have to complete an assessment called the Teacher Performance Assessment. This assessment includes submitting a video of me teaching a series of lessons in the classroom and examples of student work completed. In the course of recording my teaching, your child may appear on the video. I will gather samples of student work to submit as evidence of my teaching practice, which may include some of your child’s work. This is not an assessment of your child’s performance. This is an assessment of my instruction, required for me to obtain a teacher license.

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. Materials I submit will be reviewed by my program at Northeastern Illinois University, and they may also be used by test developers under secure conditions for edTPA program development and implementation, including scorer training, and to support continued program improvement activities such as future validity and reliability studies.

This form is a request for your consent to include both your child in the video and his or her class work. Please complete the bottom half of this page and retain the top for your reference. If you have any questions about the use of this video or your child’s class work, please contact the Director of Clinical Experiences and Student Teaching, Catherine Wycoff, at 773.442.5347.

Thank you for your consideration.

Teacher Candidate Name: _____	Signature: _____
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RELEASE FORM FOR STUDENT PARTICIPATION

Student name: _____ Student’s school: _____

I am the parent or legal guardian of the child named above. I have read and understand the project description given in the letter provided at the top of this form, and agree to the following (please check the appropriate line below):

I DO give permission for my child to appear on video recordings and my child’s class work to be used in the Teacher Performance Assessment of [Clinical Student]. 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 for my child to appear on video recordings and my child’s class work to be used in the Teacher Performance Assessment of [Clinical Student] and understand that my child will be seated outside of the recorded activities.

Signature of Parent or Guardian: _____ **Date:** _____

I am the student named above and am at least 18 years of age. I have read and understand the project description given at the letter provided at the top of this form, and agree to the following (please check the appropriate line below):

___ I am at least 18 years of age and DO give permission to for me to appear on video recordings and for my class work to be used in the Teacher Performance Assessment of [Clinical Student]. I understand that my name and any other personally identifiable information about me will not appear on any of the submitted materials.

___ I am at least 18 years of age and DO NOT give permission for me to appear on video recordings and for my class work to be used in the Teacher Performance Assessment of [Clinical Student] and understand that I will be seated outside of the recorded activities.

Signature of Student: _____ **Date:** _____ **Date of birth:** __/__/____

