Dear Parent/Guardian:

I am a Teacher Education Candidate (student teacher) from Winona State University. I am doing my student teaching in your child’s class. To complete my teacher licensure program, I need to submit a video of myself teaching and some examples of work that the students have completed as part of the Teacher Performance Assessment. I am asking for your permission to include your child in the video of my teaching and to include your child’s class work in my Teacher Performance Assessment.

The video and the students’ work will be:

- Kept confidential (all names will be removed from the students’ work)
- Used to assess my performance as a teacher, not your child’s performance
- Viewed in my teacher licensing program courses for feedback to me to improve my teaching
- Submitted to be scored by Pearson Education and its trained scorers through a password protected website

If you choose to not allow your child’s image and work to be included in the Teacher Performance Assessment, he or she will still have instructional activities on the same learning goals as all other students. Thank you for this opportunity that allows me to become an effective teacher by closely studying my teaching practices through this performance assessment.

Sincerely,

(Teacher Candidate Signature)

-------------------------------------------------------------------------------------------------------------------------------------------

Permission by Parent or Guardian of students under 18 years old

I am the parent/legal guardian of the child named below. I understand the use of my child’s image, voice, and work samples for the Teacher Performance Assessment as described in the letter above. Please place an “X” in the space provided to indicate your level of permission.

____ I DO give permission to include my child’s image on video recordings as he or she participates in a class and to reproduce work that my child may create as part of classroom activities. I understand that all identifying information (except my child’s image in the case of video recordings) will be removed. I understand that the Teacher Education Candidate is the focus of the video recordings. I understand that my child’s image and work may only be used by the Teacher Education Candidate to examine how that person teaches and engages students, and may be submitted to Winona State University and Pearson Education for further review of the Teacher Education Candidate’s teaching methods. My permission is limited to this use only.

____ I DO NOT give permission to video my child or to use my child’s classroom work for the Teacher Performance Assessment.

Student’s name: ___________________________ Student’s School: ___________________________

Parent/Guardian’s Name (printed): ___________________________

Parent/Guardian’s Signature: ___________________________ Date: ___________________________