Teacher Performance Assessment Parent/Guardian Permission to Participate

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.

(Teacher Candidate Signature) Permission by Parent or Guardian of students under 18 years old			
			named below. I understand the use of my child's image, voice, and work essment as described in the letter above. Please place an "X" in the space ion.
		to reproduce work that my child ma information (except my child's ima Teacher Education Candidate is the work may only be used by the Teac students, and may be submitted to Teacher Education Candidate's teac	y child's image on video recordings as he or she participates in a class and ay create as part of classroom activities. I understand that all identifying age in the case of video recordings) will be removed. I understand that the efocus of the video recordings. I understand that my child's image and other Education Candidate to examine how that person teaches and engages Winona State University and Pearson Education for further review of the ching methods. My permission is limited to this use only.
Student's name:	Student's School:		
Parent/Guardian's Name (printed):			
Parent/Guardian's Signature:	Date:		