Education Department
61 South Sandusky Street
Delaware, Ohio 43015
740-368-3557 office
740-368-3553 fax

[Insert Date]

Dear Family:

As a student teacher, I am participating in the edTPA, an assessment of student teachers conducted by Stanford University, the American Association of Colleges of Teacher Education, and Pearson Education. The primary purpose of this assessment is to gauge the degree to which new teachers are able to teach each student effectively and improve student achievement.

This assessment requires submission of video clips of me teaching in your child’s class. The video clips will total no more than 20 minutes. Although the video clip will involve both me and various students, the primary focus is on my instruction, and not on the students in the class.

In the course of taping, your child may appear in the video clip; however, I will blur any visible faces to maintain your child’s confidentiality. I will also submit samples of student work as evidence of my teaching practice; no names will appear on any materials that are submitted. While I hope that you will allow your child to be a part of this exciting project, it is not required. If you do not want your child to be videotaped, he or she will still be included in the lesson that day but will not be filmed.

If you provide consent, video clips will ONLY be used for (1) submission & scoring of the edTPA, (2) possible use as examples for future student teachers completing the edTPA and (3) video observations when COVID safety protocols prohibit in-person observations of my teaching.

I have enclosed a “Student Release Form” for your review. Please complete the form and **return it to me within one week**.

If you have any questions or concerns, feel free to contact the Ohio Wesleyan University Education Department. Thank you so much for your time and consideration.

Please return form by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Teacher**

**Student Release Form**

**(Consent to Videotape a Student)**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am the parent/legal guardian of the child named above. I have received and read your letter regarding a teacher assessment being conducted by Stanford University and agree to the following:**

*(Please check the appropriate box below.)*

**🞎** **I DO** give permission to you to include my child’s image on video recordings as he or she participates in a class and/or to reproduce materials that my child may create as part of classroom activities. I understand that my child’s face will be blurred if visible and his/her name will not appear on any materials submitted by the student teacher.

**🞎** **I DO NOT** give permission to video record my child or to reproduce materials that my child may create as part of classroom activities.

**Signature of Parent or Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**I am the student named above and am more than 18 years of age. I have read and understand the assessment project description given above. I understand that my performance is not being evaluated by this project and that my last name will not appear on any materials that may be submitted.**

**🞎**  **I DO** give permission to you to include my image (blurred if visible) on video recordings as I participate in this class and/or to reproduce materials that I may create as part of classroom activities.

**🞎**  **I DO NOT** give permission to video record me or to reproduce materials that I may create as part of classroom activities.

**Signature of Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

MM DD YY