



College of Education
Office of Teacher Education

TENNESSEE TECH

Dear Parent/Guardian:

I am a teacher candidate at Tennessee Technological University working in your child's classroom at _____. As a part of the evaluation process, TTU participates in a state-required teacher performance assessment called edTPA. The purpose of this evaluation is to allow teacher candidates the opportunity to demonstrate their ability to effectively teach subject matter to all students.

The performance assessment documents a series of lessons I will teach in your child's classroom and includes short video recordings. The video recordings will show me and various students in the classroom; however, the primary focus is on my instruction, not on the students. During these video recordings, your child may appear in the video. In addition, I will collect samples of student work as evidence of my teaching practice, which may include some of your child's work.

No student names 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 posted in any way. The materials I submit will be reviewed by my program at Tennessee Technological University, my assessment will be scored by nationally trained Pearson scorers, and it is possible these videos could be viewed in teacher education courses at TTU as an instructional tool to demonstrate teaching strategies and best practices.

The attached form will be used to document your permission for these activities. If you have any questions, please contact me at the school.

Sincerely,

Residency Candidate



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edTPA Video Release Form

Student Name: _____

I am the parent/legal guardian of the child named above. I have read and understand the project description given in the letter provided with this form and agree to the following:
(Please check the appropriate box below)

I **DO** give permission for my child's work and/or image on video recordings to be used for the purpose of evaluating classroom teaching practices.

I understand my child's name and any other personally identifiable information will not appear on any of the submitted materials.

I **DO NOT** give permission for my child's work and/or image on video recordings to be used for the purpose of evaluating classroom teaching practices.

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

I am the student named above and am 18 years of age or older. I have read and understand the project description given in the letter provided with this form and agree to the following.

I **DO** give permission for my work and/or image on video recordings to be used for the purpose of evaluating classroom teaching practices.

I understand my name and any other personally identifiable information will not appear on any of the submitted materials.

I **DO NOT** give permission for my work and/or image on video recordings to be used for the purpose of evaluating classroom teaching practices.

Signature of Student: _____ **Date:** _____

For Teacher Use Only

DOB: ___ / ___ / ___
DD MM YR

Initial: _____